

SHRINK RESISTANT

the struggle against
psychiatry in Canada



Bonnie Burstow & Don Weitz, editors

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psychiatry in Canada**

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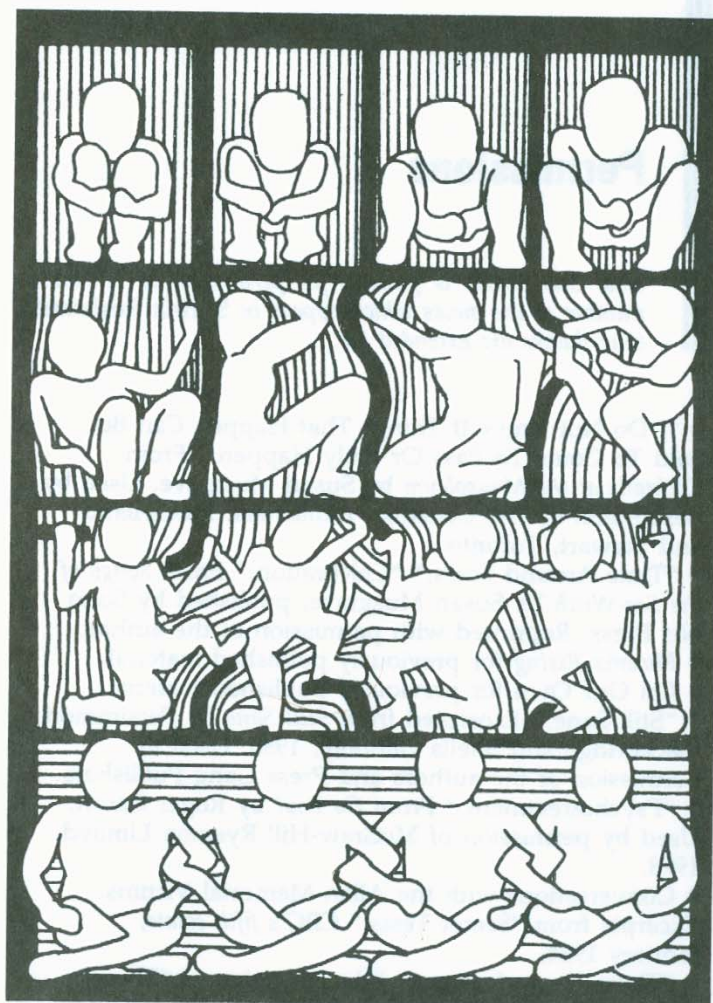
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For all our brother and sister inmates, political
prisoners of psychiatry, and those working to free them.



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Preface

What you are holding in your hands is a remarkable book. It documents for the first time what it is like to be a "mental patient" in Canada. As you will see, that experience has its differences for different people, but the stories you will read here have overwhelming commonalities—commonalities that serve as an indictment of how our country has regarded and treated people with a particular kind of problem, or, at least, a perceived problem.

If you or someone you know has not had the experience of psychiatric hospitalization, you may make the mistake of refusing to believe the stories in this book. You may discount them as products of minds that are, or were, disordered—after all, why would these people be put in a psychiatric ward unless something was terribly wrong with them? Do not make that mistake. For the past ten years, I have been intimately involved with the psychiatric system, primarily but not exclusively in Ontario. As a law student and, later, a lawyer, I have dealt daily with the situation of people incarcerated in what we euphemistically refer to as "hospitals" because of behaviour that worries, disturbs or threatens others. I can assure you, both from that experience and from my own six months as a "patient," that what you read here is the truth.

And it is a truth that is important to all of us. The latest reliable estimates indicate that one in five Canadians has spent, or will spend, time in a psychiatric facility. That makes it almost a certainty that you or someone close to you will experience what the contributors to this book have experienced. That experience is, with few exceptions, one of

degradation, depersonalization, forcible and extremely unpleasant treatment, and deprivation of almost every right that people in the community take for granted.

This deprivation begins with loss of liberty. In some parts of Canada, that loss occurs simply because the person is perceived by someone else as being in need of help or "treatment." In other places, the rules are a little stricter: the person must be seen as presenting a danger to themselves or others. But even in these jurisdictions, the person is often incarcerated, not for something he or she **has done**, but because someone is worried or afraid of what he or she **will do**—in a phrase, preventive detention. In addition, the American Psychiatric Association has stated that psychiatrists—the ones who have the power to lock people up—are simply no good at predicting who is and who is not going to engage in dangerous behaviour, and they are wrong two-thirds of the time. We could do better by flipping a coin. And because their ability to predict risk is so poor, psychiatrists react by playing it safe, and over-predicting by a factor of about twenty to one. For every person who is released when he or she is a danger to themselves or to someone else, twenty who are **not** a danger are kept in psychiatric facilities against their will.

Every jurisdiction in Canada does provide some sort of process for reviewing a commitment—either a Review Board or the courts. But the processes are, for the most part, too little and too late. There is nowhere in Canada that a person can challenge his or her commitment **before** it occurs, and only one place—the Yukon Territory—in which a review is provided almost immediately upon admission. Elsewhere in Canada, it takes anywhere from a week to several weeks to get before a forum in which the psychiatrist's judgment can be questioned.

Along with the loss of liberty go a number of other losses. Things or human rights we take for granted are labelled "privileges"—wearing our own clothes (see Ketu Kingston's story), making telephone calls, smoking, having visitors, going for a walk, taking charge of our own birth control pills or razor blades, sending and receiving mail without someone else having the right to read and censor it. There are no laws

that justify these procedures (censoring mail being one of the exceptions in some jurisdictions). What is used for justification are hospital policies. Since it's harder for people to run away in their pyjamas, the hospitals love to put people into pyjamas. Since the occasional patient might overdose on prescribed medication for physical problems, the hospitals take away everyone's medication. Cigarettes and money are used routinely as "behaviour modification" tools—doled out as rewards for appropriate conforming behaviour and withheld as punishment for anger or rebellion.

The most serious problems, however, arise in connection with psychiatric "treatment." In several provinces, involuntary admission deprives people of any control over what is done to them; in one or two provinces, a measure of control is retained by the individual. But even in the provinces whose laws pay respect to the right of an individual to make decisions about treatment, the laws are undermined by doctors who routinely give little or no information to the "patients." Most of the treatments in common use are biological, because the psychiatric profession is persuaded—on questionable evidence—that "depression," "manic depression," and "schizophrenia" are biochemical disorders rather than responses to intolerable stresses and pressures in daily living. And most of the treatments—neuroleptic drugs, anti-depressants, electroconvulsive therapy—carry serious short-term and long-term risks. In ten years of representing people in psychiatric wards, I have **never** had a client who had been informed by his or her doctor about tardive dyskinesia—the single most common and serious risk of neuroleptic drugs. And in Ontario, where the government appointed a committee to study the use of electroshock or "ECT," that same government ignored many of the committee's recommendations. It also issued draft guidelines on what prospective ECT recipients should be told about treatment, which ignore or minimize crucial information.

What is the truth about these treatments? Some of them do indeed "help" people, in the sense of alleviating such distressing occurrences as hearing voices. But they do so at a very high cost. In *Shrink Resistant*, Marcel Boissonneault

vividly describes the short-term effects of neuroleptics, Jean Skov talks about tardive dyskinesia, and Nira Fleischmann and Phyllis relate their experiences with ECT.

Psychiatry is not a science. In the hands of a few skillful practitioners, it approaches the status of an art—but these psychiatrists are very rare. What this book brings to life is the endemic daily tragedy of individuals who perceive or react in a manner that is not acceptable in our society and, as a consequence, are incarcerated and bombarded with dangerous, disorienting and often ineffective treatments, at the cost of their self-esteem, their humanity, and sometimes, their lives.

Carla McKague
Advocacy Resource Centre
for the Handicapped
Toronto, May 1988

Introduction

This is no "normal" anthology. This is the living testimony of psychiatrized Canadians in a unique historical collection of stories, poems, journals and graphics created by people who had the misfortune of being branded "crazy" and imprisoned in Canadian psychiatric institutions over the last three decades. On a deeper level, it is the agonized voices of Canadians who have been subjected to psychiatric rape.

As you will discover, some are gentle; some weep, some tremble, some laugh; some seethe with fury and indignation. Whatever their individual natures, together they combine into a single determined voice which speaks of *oppression* and insists on being heard. Each of the authors has her or his own story to tell. However, in a fundamental way, all speak as one since all have shared the dehumanizing experience of being locked up and treated against their will.

In this anthology, psychiatrized Canadians are telling the story of dehumanization through psychiatric abuse. At long last, we are demanding those fundamental human, civil, and constitutional rights which are violated in every region, every provincial mental health act and every single psychiatric institution in this nation.

This book has a very proud history. Although we can't cover all the highlights in this introduction, we will mention a few.

First, we have been inspired by the literature arising from the antipsychiatry/psychiatric inmates' liberation movement. The 1970s was a very significant decade. In 1971-72, *In A Nutshell*, the newsletter of the Vancouver Mental Patients Association, began publishing. In 1972, *Madness Network News* (MNN), undoubtedly the most powerful antipsychiatric magazine in the United States, appeared. Until the summer of 1986, when it stopped publishing, every issue of MNN featured gripping personal stories and poems by psychiatric inmates and ex-inmates as well as exposés of psychiatric abuses. In 1974, Glide Publications in California published the *Madness Network News Reader*—a dramatically illustrated anthology featuring many personal stories and antipsychiatry articles. Still another milestone was Michael Glenn's powerful anthology *Voices from the Asylum* (Harper & Row, 1974). In 1978 three more outstanding books were published. One was *The History of Shock Treatment*—a thoroughly researched history of this psychiatric atrocity compiled and self-published by Leonard Roy Frank. Another was Judi Chamberlin's outstanding *On Our Own: Patient-Controlled Alternatives to the Mental Health System* (Hawthorn Books). The third was Charles Steir's anthology *Blue Jolts: True Stories from the Cuckoo's Nest* (New Republic Books), another outstanding collection of personal stories about the horrors of psychiatric incarceration.

Just as publications have been important, so have actions by ex-inmates. One impressive series of events has been the Annual International Conference For Human Rights and Against Psychiatric Oppression. From 1973 until 1985, ex-inmates and antipsychiatric activists across the United States and Canada met at these conferences to talk, share, give each other support, organize and demonstrate. One traditional feature was "Public Day," a special day reserved for personal testimony from psychiatric survivors. It was always a dramatic and moving experience to hear ex-inmates speak out about their abuses and struggles.

Then, in the mid-1970s in Toronto, a few ex-psychiatric

inmates and prisoners came together to start a writing group called VOICE. Although VOICE lasted only a few months, it began the process of documenting psychiatric experience in Canada. On Our Own, Canada's second ex-inmate-controlled self-help group, was founded in 1977 in Toronto.

In 1978-79, a first attempt was made to produce an anthology of writings by Canadian inmates and ex-inmates. The project was conceived by one of us (Don Weitz) and Carla McKague, both ex-psychiatric inmates living in Toronto. Unfortunately, the anthology project had to be postponed because of other commitments and insufficient material.

The next milestone was the birth of *Phoenix Rising* in 1980. Co-founded by Carla and Don, this magazine is a unique Canadian antipsychiatry quarterly published by On Our Own. Appropriately subtitled "The Voice of the Psychiatrized," *Phoenix Rising* is still giving a strong voice to people who have traditionally been voiceless and powerless.

1982 and 1983 are the next important years in the long development of *Shrink Resistant*. During this time, the two of us, Bonnie and Don, met as members of the *Phoenix Rising* editorial collective. We talked about producing an anthology and kept our eyes and ears open for material. In the fall of 1985, we applied for an Explorations Grant from the Canada Council. Awarded the grant in January 1986, we proceeded to advertise for submissions in the establishment and alternative press as well as movement newsletters and magazines, and we corresponded with various self-help groups across Canada. Over 100 people responded. Then came the long but very rewarding task of selecting and editing the submissions. Slowly but surely, the anthology was taking shape. The openness, trust, and strength of our contributing writers were a constant miracle and joy. To those who had the courage to share with us the personal and painful experiences, we offer our deep admiration and respect. *Shrink Resistant* gives the reader a frightening and maddening glimpse into the world of the "mental patient" in Canada.

Speaking the Truth of Oppression

Telling our story in our own words together with others who have had a similar experience constitutes *speaking true words*. It is the liberating response to psychiatric oppression and invalidation.

In the current psychiatric system, the power to speak is given exclusively and unjustly to the psychiatrist. The psychiatrists-as-oppressors impose their words on the patients-as-oppressed. At the same time, the "patients" (psychiatric inmates) are robbed of their words. They have no say about what happens to them, and they are not listened to or believed.

This verbal disempowerment is directly related to the psychiatrist's total control over words which have come to be known as "diagnostic labels." Acting from above, the psychiatrist/oppressor imposes the label of "mentally ill" or "schizophrenic" on the inmate. The real purpose of these pseudo-medical labels is to invalidate and render powerless any word which the inmate may use. The labels say: "Don't take this person seriously. There's nothing to what she says. So what if she complains about the pills making her dizzy or sick? She doesn't know what she is talking about. After all, she is 'mentally ill.'"

Labels such as "mentally ill" or "mental illness" are bolstered up by others such as "psychotic," "schizophrenic," "manic-depressive," "borderline personality" and so forth. Historically, psychiatric inmates have tended to accept these terms and apply them to themselves. They take "medication" for their "mental illness" to "get well" and to avoid a "relapse." The mystification and brainwashing, alas, have been very effective indeed.

When they adapt to and accept the psychiatric words or labels, inmate/victims are unaware of their own voice. Inmates must rise above this psychiatric brainwashing; they must refuse to accept and parrot psychiatric jargon; and they must reclaim their human right to name the world. Ultimately, they must replace the language of the oppressor/psychiatrist with the language of the

oppressed/inmate.

The attempt to discredit the psychiatrist/oppressor's language began over 25 years ago when psychiatrist Thomas Szasz published *The Myth of Mental Illness* (Harper & Row, 1961). In this historic book, Szasz challenges the validity of "mental illness" itself, and he replaces psychiatric jargon with common everyday speech. For example, he writes:

If there is no mental illness, there can be no hospitalization, mental treatment or mental cure. Of course, people may change their behaviour or personality, with or without psychiatric intervention. Such intervention is nowadays called "treatment" and the change if it proceeds in a direction approved by society, "recovery" or "cure." (p.267)

What Szasz and the antipsychiatry movement began, this anthology continues. The contributing writers take on the complex task of word-discrediting and word-replacement. In so doing, they bring the reader to a deeper understanding of the inmate's world and bring the psychiatric language and world view into question.

Language renewal on this level is evident in story after story. While the word "patient" is still used, it is generally replaced by "inmate." Correspondingly, "hospitalization" is replaced by "incarceration" or "imprisonment."

It is with Nira Fleischmann's poem "ECT" that the oppressive and deceitful nature of psychiatric jargon is most poignantly brought home to us, and the power to rename emerges most strongly. An angry Nira exclaims:

They think it clever to baptize with initials
They think it subtle to call it 'treatment'.
They talk of cures
Reciting tales of miraculous salvation/
I don't buy it.
I've seen the disaster, the mistakes.
I call it electrocution.

The word has been spoken. Psychiatric "treatment" is seen for what it is. But in telling their own stories, the contributors are also telling the universal story of all psychiatric inmates. Through prose, poetry, diaries and sketches, each, in their own way, is portraying the existential oppression which they all share.

A psychiatric restriction which our contributors mention particularly frequently is the "clothing privilege." As all our brothers and sisters know only too well, inmates are usually stripped of their clothes and forced to wear drab and dehumanizing hospital pyjamas which are invariably made so as to fit nobody at all.

A more dominant theme is the spatial restriction imposed by the psychiatrists. The confining ward itself emerges as a symbol for all other psychiatric restrictions or controls.

Behavioural control lies behind spatial control or incarceration. This control points to an authoritarian society which empowers the psychiatrist to act as judge-jailer-executioner. Incarceration or forced hospitalization is society's response to people who break its rules or exhibit non-conformist behaviour, such as being too emotional or loud, showing the wrong sexual preference, seeing what others do not see, hearing what others do not hear, believing what others do not believe.

When society strongly condemns an act and blames the person, we have a "crime," and the perpetrator is sentenced to "prison." However, as Roger Caron and Eldon Hardy point out in their stories, these prisons are frequently psychiatric chambers of horror. When society condemns the act but does not blame the perpetrator, the person is generally labelled "insane" or "not guilty by reason of insanity" and sentenced (involuntarily committed) to a "psychiatric hospital" or "mental health centre," sometimes indefinitely. The hospital, alas, turns out to be as much a prison as the prison is a madhouse. In short, psychiatric imprisonment is a political and repressive act intended to protect the power of the psychiatrist/oppressor and, even more significantly, the oppressive state.

The psychiatric hospital-as-prison and the "mental patient"-as-political prisoner are emphasized by many of the writer/survivors in this anthology. Their stories lift the facade and the psychiatrist emerges as a primary enforcer of society's values and mores.

Psychiatry's role as moral enforcer is clearly reflected in its racism, classism, sexism, heterosexism and ageism. If you should find yourself on the wrong side of these "isms," you are more likely to be locked up and forcibly treated. Once locked up, correspondingly, you are more likely to be abused if you are Black, Native, female, gay, poor or old.

The most explicit piece on racism in the psychiatric system is Vern Harper's piece "Them Crazy Indians." Vern tells us that if you are Native, you can be committed for something as innocuous as a family quarrel.

Although classism is not explicitly dealt with, the problem of poverty is often touched on. David Reville refers to the incarceration of the poor, and pieces like Margaret Pratt's depict the tragically difficult lives which impoverished ex-inmates are forced to experience. Remember the boarding houses? The cockroaches? Homeless or "deinstitutionalized" ex-inmates freezing to death in winter? This is still happening regularly in every single major city in Canada.

Sexism in the psychiatric system is also graphically described by some of our writers. Society's sex-role stereotyping and psychiatry's routine enforcement of it are alarmingly apparent in Delana Munroe's poem, "My Psychotherapy." In "Be a Good Girl," Joan Harries suggests that psychiatric sexism runs so deep that the woman inmate has no chance of getting released unless she conforms or pretends to conform to the male psychiatrist's sex role stereotypes.

Vern Harper and others touch on a related theme—sexual abuse. Sexual abuse in psychiatric institutions goes beyond the simple psychiatric seduction, which is now very familiar. The sad truth is that although everyone pretends that *this can't happen in Canada*, our inmate sisters continue to serve as easy prey for the male-chauvinist

staff. They are left alone with male attendants. They are "escorted" from one building to another by male staff; as Harper tells us, in the hidden spaces between buildings, rape is an everyday reality.

Discrimination is compounded by more discrimination, and sexism coupled with heterosexism in Sheila Gilhooly's and Persimmon Blackbridge's "Still Sane." This powerful piece documents the psychiatric degradation of a woman whose only "crime" is being a lesbian. In the midst of her first lesbian relationship, Sheila makes the mistake of consulting a "mental health" professional. She quickly finds herself incarcerated. When the psychiatrist attempts to "cure" her, she tells him that she does not want to be "cured" of being a lesbian. He interprets her resistance as a symptom of "mental illness" and proceeds with the cure—electroshock.

By exploring these "isms," the contributors uncover some very painful truths. However, we admit that this exploration is limited. None of the "isms" is thoroughly discussed—some are seriously shortchanged. The psychiatrization of "minority groups" is not too clear. The psychiatrization of gay men is not touched on. Ageism is given short shrift despite the massive incarceration of the elderly. And the grotesque indignities suffered by the "disabled" is a story which remains untold. We apologize to the elderly, the disabled, the gay community and, most especially, our sisters and brothers of colour for these omissions.

Treatment as Social Control

If behavioural control or mind control is the name of the game and spatial control best symbolizes psychiatric correction, it is the "treatment" itself which poses the major obstacle or threat to people's aspirations, health and integrity. Drugging is, by far, the most common obstacle. How do these psychiatric drugs control people? On one level, they make you dopey and confused as hell. On another, as Marcel Boissonneault and Jean Skov

suggest, they anaesthetize and immobilize bodies and minds so you can hardly move, think or feel. On these drugs, you are forever in pain. You find yourself shaking, trembling and twitching involuntarily. You start to drool. You can't remember much. You cannot learn too well. Once in this state, naturally, you're not going to be much trouble for the psychiatrist.

The "treatment" called electroshock emerges, similarly, as control, punishment, destruction. Brain damage itself is highlighted in most of the shock pieces. Permanent memory loss is especially stressed. Forced to live in a world which is no longer their own, shock survivors find themselves unable to remember major events in their lives and unable to recognize friends they pass in the street. Shock has robbed them of the meaning which was theirs and blocked their efforts to create new meaning in their lives.

Treatment as Experiment

Treatment as experiment is a variation on the theme of treatment as social control. What is an experiment? On an objective level, it is nothing more than the systematic exercise of control and manipulation in areas where we have little or no knowledge. On a more human level, however, it all too frequently means the unfeeling imposition of dangerous and torturous procedures. In psychiatry, it means being toyed with, tampered with, and used as a guinea pig.

In her poem "ECT," Nira Fleischmann refers in passing to electroshock as "experiment." Nira is not speaking in metaphor here; she is referring to ECT's official status as an "experimental procedure." After 50 years of research and practice, the shock doctors tell us they don't know why zapping a person with electricity "works." They lay no claim to knowledge at all. They are simply "experimenting."

It is in the Allan Memorial stories and the prison stories that the experimentation theme really comes alive. It is

now widely acknowledged that approximately 100 Canadians were used as guinea pigs in experiments in brainwashing at Montreal's Allan Memorial Institute in the 1950s and early 1960s. These unfortunate Canadians were forcibly subjected to an unprecedented combination of psychiatric tortures: regressive electroshock, massive drugging, sensory isolation, prolonged sleep therapy and psychic driving. Regressive shock involved administering shock several times a day for weeks or months until the inmate/victims forgot where they were, who they were, how to walk, how to think. Psychic driving involved forcing inmates to listen to endless repetitions of highly disturbing personal messages. Velma Orlikow was forced to listen thousands of times to: "You are a bad mother. You are a bad wife."

The hidden psychiatric oppression which existed in the Allan Memorial Institute contrasts sharply with the open oppression described in the prison pieces. Despite our apparent concern for human rights, prisoners are society's favourite guinea pigs, and they may be used for any end which society may wish. In their efforts to serve this "hard to serve clientele," prison officials and mental health professionals are given a free hand to test out the most far-fetched theories and dangerous techniques which they can devise. Such experimentation is endemic in prison—much of it torturous, if not sadistic.

The nature of the so-called "social therapy" experiments in Penetanguishene Mental Health Centre comes out strong and clear in Roger Caron's and Eldon Hardy's descriptions of the "capsule" and the "MAP" program in Oak Ridge.[†] In these experiments, inmate is viciously pitted against inmate in an attempt to break prisoner solidarity. And the experiments with untested psychiatric drugs appear equally torturous.

In each case, the atrocity is rationalized. And tampering

[†] See "Oak Ridge and the Hucker Report," *Phoenix Rising*, Vol. 6, no. 2 (1986) for a scathing indictment of this psychiatric warehouse in Ontario.

which seriously injures the human being is passed off as "experimental treatment." This is the psychobabble of modern psychiatry—the newspeak of the psychiatric state.

Many of our writers are speaking from the vantage point of the inmate—a person still incarcerated. For people in this situation, the two most important tasks are preserving one's creativity, individuality or "sanity," and getting out, becoming free. For the people who are released, a third task is changing the system itself. The first takes priority over the second and third, for unless a person is able to keep herself intact, there is no ultimate escape.

Attempts to keep oneself intact or whole often use the language of "getting out." Ketu Kingston is a case in point. Having been punished for "misdressing," Ketu sets herself a highly unusual task, which she accomplishes: "One night I metamorphosed from under my hospital gown of white into a beautiful red-black butterfly with wings, flying out of the window." Here, it might be argued, real escape gets confused with fanciful escape. The result is escape into fantasy. By this interpretation, Ketu's actions could be dismissed as escapism. But a more perceptive interpretation is that Ketu invented a fiction which allowed her to express her inner freedom.

David Reville's "Journal" works much the same way. Like many other inmates, David discovered that writing enabled him to continue thinking and maintain some self-control and dignity. Creativity and self-expression are viable ways of keeping oneself together, and it is small wonder that so many of our sisters and brothers attempt it. There is a problem, however, a problem which David Reville knows only too well. You can't write all the time; and even if you could, writing doesn't always work.

Writing and fantasizing have their place, but they are not enough. Like most other inmates, David discovers that what is missing is community. Community arises from meaningful encounters with other people. The encounters are generally with fellow inmates who share the same suffering, the same dreams, the same tasks. With

the discovery of community, the task of keeping oneself together turns into a task of mutual support. An impossible task in an impossible world turns into a task which all of us as family can achieve.

The second task, the task of getting out, also takes different forms; and it is approached both individually and collectively. One common form is "playing the game." Joan Harries does just that in "Be A Good Girl." She pretends that she really wants to prepare dinner for hubby. Miraculously and suddenly, she is pronounced "cured" by her male psychiatrist and is released. Playing the sexist game is simple. When it works, it is usually accomplished by the individual alone.

The legal game route is the most frequently highlighted. In the Dziodecki story, Anna realizes that the hospital is even more oppressive than the society it serves and that society will protect her, at least to a limited degree, against what it considers "psychiatric excesses." She chooses to take her fight out of the hospital and into the larger society through a legal battle.

Eldon Hardy also takes a legal route. He realizes, however, that even with a good lawyer, he cannot win alone. As Eldon is well aware, the criminal justice system is part and parcel of the system which is oppressing him. Without outside help, he is a "dead duck." Eldon finally appeals to the reader:

I can only hope now that those reading this story will act as watchdogs for me while I struggle against the odds again. Without the knowledge that this is happening, I have little hope. I know how impossible it is alone. And now, I am older with fewer inner resources to serve me.

Community becomes absolutely central to changing the system itself. Our contributors who call for change take either a reformist or a radical stance. Alf Jackson's piece "This is Therapy?" typifies the reformist position. He asks for more community alternatives:

There should be more storefront community places, open 'em up and do something. What we need is a community health thing, some place where the individual person on the street can go and say, "I'm upset, I don't feel right. Is there someone I can talk to here?" See, this is the other way of looking at it.

Alf's vision is very important. We all have times when we are scared, lonely as hell, and need to talk. We all need safe places where we can go and be listened to.

In Jean Skov's story, we find a more clearly articulated antipsychiatry stance. Jean knows that creating alternatives is vital but not good enough, and that psychiatry itself must be addressed.

In their writings, Alf, Jean and others identify the social task facing us—creating a caring and supportive community. The political task, building solidarity to confront the oppressor, is not dealt with, though a sense of it does emerge in "Still Sane." Here we see the kind of community which must be built if our struggle against psychiatry and for the people is to succeed.

One final task which the "Still Sane" body sculptures point to is the development of antipsychiatry art and culture. The sculptures announce the artistic/educational/cultural elements inherent in the political. This anthology itself is a realization of that task.

We have come full circle. The oppression led to our common task. The task led to the creation of art. The art points back to oppression and the need for political antipsychiatry art. *Shrink Resistant* is part of that art.

This anthology has been empowering for contributing writers and editors alike. It is a creative and liberating response to the "treatments" which robbed many of us of our creativity, individuality and freedom. In creating this anthology, we have asserted our power. We have dared to rename the world—our world.

As the writing and drawing in this book were the tasks of the contributors, understanding and deriving direction

from our art is the task of the reader. It is the psychiatricized reader, of course, who will understand the most. After all, you have lived through many of the situations portrayed here. Sisters and brothers, we hope that you will find some of these stories helpful in rethinking and responding to our common oppression.

Those of you who have never been psychiatricized or locked up in a psychiatric ward may also participate by opening yourselves up to the truths revealed here. Many of you, we know, are already open. Others may find it hard to accept these truths. They go against your basic beliefs. They are at odds with what society has been telling you.

For years now, "respectable" doctors in the Canadian Psychiatric Association, as well as paternalistic organizations such as the Friends of Schizophrenics and the Canadian Mental Health Association, have assured you that "mental illness" or "mental disease" exists and can be cured. You hear it on your television set. You see it in newspapers, on subway and bus billboards. Terms such as "psychosis," "schizophrenia," and "manic-depressive" are now part of your language. You may even have been convinced to commit one of your own relatives, believing it was "for her own good." In light of this, what we are saying cannot help but sound strange, alarming or personally threatening. You may be tempted to dismiss this book as the mere exaggeration of radicals. We sympathize with the temptation. But we urge you not to cheat yourself or us by making that mistake.

The contributors to this anthology and its editors are authorities on Canada's psychiatric system. We know and deserve to be believed because we bear witness to and have survived psychiatric oppression.

As psychiatric survivors, *we know* what it is like to be dehumanized and invalidated by psychiatric labels such as "schizophrenic," "psychotic" and "manic-depressive."

As psychiatric survivors, *we know* what it is like to be permanently brain-damaged by psychiatric drugs, electroshock and other forced treatments—for our "own benefit" and against our will.

As psychiatric survivors, *we know* what it is like to be treated like guinea pigs for the purposes of experimentation and research.

As psychiatric survivors, *we know* what it is like to be punished for our dissidence by a society and profession which is obsessed with conformity and social control.

As psychiatric survivors, *we know* what it is like to be deprived of our human, civil and Charter rights by psychiatrists who force us to earn them as "privileges."

As psychiatric survivors, *we know* what it is like to be oppressed by a sexist, heterosexist, and racist society and the supersexist, superheterosexist and superracist moral enforcers called "psychiatrists."

We know all this and much more because each writer in this book has personally suffered many or all of these abuses.

We know too that the stories in this anthology are not unusual. Go into any psychiatric facility in any major city or region in this country, and you will hear them. They will continue to be common until more people join us in our demand for change.

We hope that some of you who have not yet acted or spoken out will be moved to join our struggle. Right now, we do not ask this. We ask only that you have the courage to encounter what you are about to read, to accept the lived experience for what it is, and to become aware.

No doubt there is much in this anthology which will disturb you. That is all to the good. Real education is disturbing! We are faced here with a genuine either/or. Either education comforts and reassures and is therefore oppressive; or it disturbs by showing us the oppressive in what we accept as "normal" or "sane." In short, education either *oppresses* or *liberates*. There is no middle way.

Bonnie Burstow and Don Weitz
Toronto, 1988

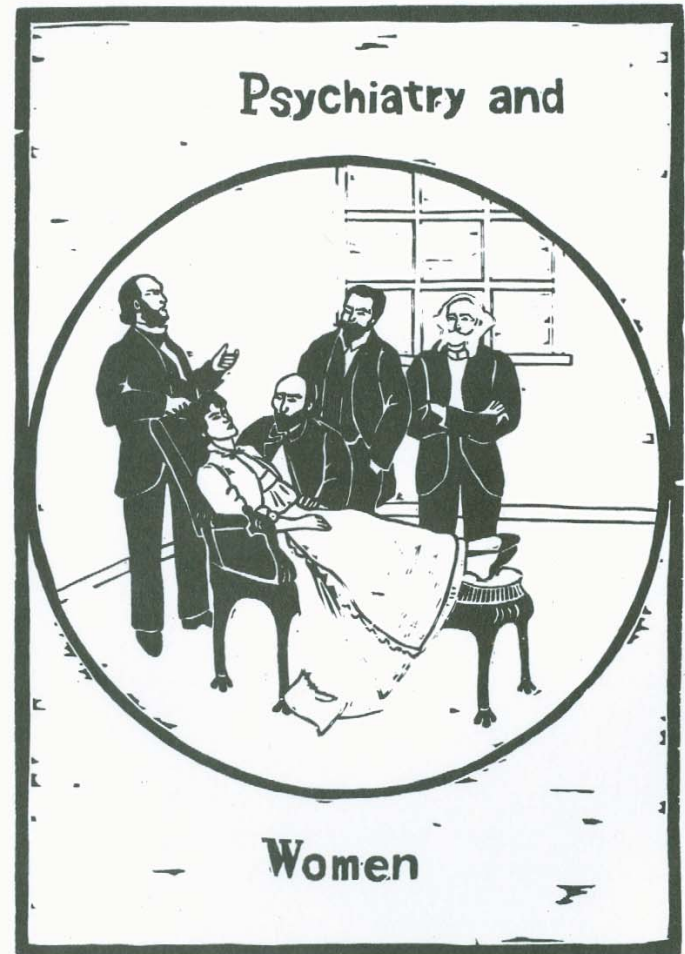
"Schizophrenia" has never been, is not now, and probably never will be a bona fide medical diagnostic term . . . Psychiatrists don't know what "schizophrenia" is, and don't know how to diagnose it . . . "Schizophrenia" has more to do with freedom and slavery than with health and disease . . . the ceaseless manufacture of disease names in psychiatry, together with a total lack of evidence of them—from agoraphobia to schizophrenia—is the greatest scientific scandal of our scientific age.

— Thomas Szasz, *Schizophrenia: the sacred symbol of psychiatry*, 1976.

The mental health business is the only business in the world where the customer is always wrong.

— Doris Wells, in *Phoenix Rising*, 1983.

1





My Psychotherapy

Delana Munroe

You said I was sick because I went to MIT when only
forty-five women did so
And you thought there was hope because I breast-
fed my son for eight months,
encouraged him to become a doctor and did
exquisite needlepoint
You said I was sick when I fainted from anemia
And you encouraged me to donate blood to the
Red Cross
You said I was sick and a clever cheat when
psychological tests said I was normal
And you hospitalized me against my will
You said I was sick because my husband was impotent
And you propositioned me and later became a
family therapist
You said I was sick and a rebellious wife when I
refused to repair a TV for fear of being
electrocuted
And you recommended shock treatments for
discontented wives
You said I was sick because my psychopathic husband
beat me
And you tore the clothes from my body and
locked me in a room without furniture when I
cried

You said I was sick and should confide in you because
you were trustworthy
And you violated the Nuremberg Code and the
Mental Health Act
You said I was sick because I did volunteer work
And you charged forty dollars an hour because
you were a dedicated doctor
You said I was sick and depressed
And you ordered me to stop joking
You said I was sick and abused chemicals because I
had one drink when twelve others each had
three
And you prescribed twenty-five different drugs
You said I was sick because I had an IQ of 170 and
was studying psychology
And you borrowed my books
You said I was cured when I got a degree in
psychology and a divorce
I said I was cured when I encouraged my son to
become an architect
And refused to work for you because
Freud was a fraud
Jung was a Yahoo
Adler was addled
Sullivan was schizophrenic
Reich was randy
Maslow was maudlin
Perls was a pushover
and
You were fascists
Of course, I was speaking strictly as a professional

Be A Good Girl

Joan Harries

Joan Harries worked as a general nurse for five years in Australia, England and Canada. She was also a psychiatric inmate and was incarcerated for approximately one year in two psychiatric institutions in Toronto—Lakeshore Psychiatric Hospital and the psychiatric ward of Branson Hospital. From 1963 to 1972, Joan had four voluntary admissions. This is Joan's personal account of some of her psychiatric experiences.

I was put in the "informal unit" of Lakeshore Psychiatric Hospital. There I had occupational therapy and twelve shock treatments in twelve days. I felt stunned after each one, and after three months, I still did not feel any better. I had wanted to cope with my domestic life, so I didn't object to shock. I remember I was being punished for something; maybe I was playing the submissive "female role" or was actually going against the psychiatric criteria of femininity. I was neither submissive nor aggressive—just independent, like a cat.

During one interview with a male psychiatrist, I talked angrily about the way a woman's sexual organs are called degrading names. Breasts are called "boobs," the vagina is called "cunt," and so on. "Oh, you're very sick, you're very sick," the psychiatrist responded. He then ordered a large dose of tranquillizers by injection for me which put

me out for 48 hours.

I was treated like a mechanical thing. I didn't feel any empathy from the staff. They told my husband that he would have to be more assertive and show that he was "boss"; they told women to "stay in your place."

I finally decided to tell my psychiatrist that I just wanted to clean my house and take care of my baby. As soon as I said that, he declared, "You're much better now," and promptly discharged me. I'm quite sure that I wouldn't have gotten out of Lakeshore if I hadn't told the psychiatrist that I wanted to play housecleaner, cook and mother.

So-called "normal" people are so rigid that they cannot tolerate free or spontaneous behaviour. Rigidity, including male/female stereotypes, is reinforced. If you deviate from your patient or female role, you're punished.

If I could have let go and screamed my head off, I probably would have felt a lot better than being subdued by shock and tranquilizers. And obediently sitting still all day like a good girl is just not my idea of good mental health.

What To Do About Boris

D. Conley-Active

In the summer of 1978 on a visit to Toronto, I met Boris. We really hit it off, and I decided to stay. After a few weeks, we got an apartment together. Little by little Boris told me of his past. He didn't get along well with his parents; who does? His mother came from a wealthy "old" family and his father was well-known in the theatre. I assumed they didn't approve of Boris because he didn't follow in the expected footsteps. Boris refused to work, used "recreational" drugs and showed no interest in making any serious plans for his life. I suspected this would account for the difficulties between Boris and his parents. They were very uptight, upper middle-class and insisted that he should see a psychiatrist.

As Boris and I spent more time together, I began to find his "eccentric" behaviour bothersome. The "craziness" that I had initially found so appealing now made it difficult to relate to him. I felt insecure. His behaviour was inconsistent and I needed consistency, and he couldn't seem to tell the truth. He lied about almost everything. He also began hallucinating. I was really upset. Everything that had seemed so promising in our relationship was rapidly disappearing. My friends could offer no advice—except to leave him. My friends had never approved of Boris.

I began visiting Amanda, his mother—hoping to get some information on how to help Boris. I was desperate. I

wondered if it was my fault. He had been all right when I first met him, I thought. Or maybe it was something from his past. Amanda was very supportive, and our talks helped for a while.

Then, one night after a violent episode, I fell apart. I went running to Amanda crying hysterically. Boris and I really needed some help or our relationship would break down. At one point he agreed to get some help; now was the time to act, drastic measures were necessary. Boris needed "professional help," Amanda said, so I agreed that Boris should see a psychiatrist. I went home to talk to him about this. He agreed to go to the Clarke to see a psychiatrist. I called his parents and they came over to drive us to the hospital and offer support.

I was nervous on the way to the hospital. I really hoped that we were doing the right thing; I wanted to be reassured. I was anxious in the waiting room. We didn't have to wait long before a psychiatrist came out to see us. Amanda and I spoke to the psychiatrist first. Then he interviewed Boris alone; after speaking with Boris, he asked to see me again.

The psychiatrist told me that Boris appeared very calm and that he denied being upset. He also denied his erratic behaviour. I began to cry hysterically. Why was Boris doing this?! The psychiatrist told me to be calm. He said he also believed that Boris was lying; Amanda had given similar descriptions of various other incidents. The psychiatrist sympathized with my situation; he said he could understand how difficult it must be living with Boris. I agreed. He said it sounded like Boris and I might need some time apart. I agreed. He also said it seemed like I could use the rest. I was so glad that he understood. I would do anything to stop what was happening to us. I had hoped that Boris wouldn't have to be hospitalized, but if it was the only way, I could accept that. I would be supportive and visit him every day. Eventually he would come home and everything would be all right again—it would be worth it.

"Oh, no," the psychiatrist said. "There's nothing we can do for Boris. He doesn't want any help, but you've

admitted that you need some time away from this situation, so I am going to arrange to have you admitted."

I couldn't believe what I was hearing! I told the psychiatrist that was not what I had been saying at all. He started arguing with me, twisting my words to suit his argument. I became angry. This whole idea had been a miserable mistake; I did *not* want to be admitted to the hospital. Things were tough but this was ridiculous! I told the psychiatrist I was very disappointed about how he was handling the situation, and that I was about to leave. He then rephrased his plans. "Let me put it this way," he said. "Either you commit yourself voluntarily for a period of a couple of weeks to get rested up, or I will have to commit you involuntarily and there will be no guarantee when you will be released."

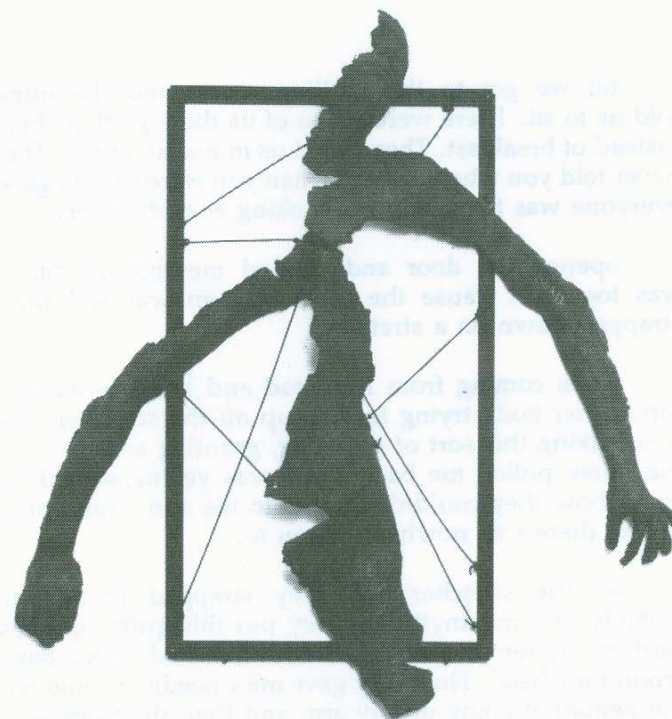
There are no words to express how I felt at that moment. I was scared, angry, confused and intimidated. The psychiatrist said very clearly that he would not allow me to leave. I felt I had no alternative but to give in, so I signed the admission paper . . .

Still Sane

Persimmon Blackbridge &

Sheila Gilhooly photography by Kiku Hawkes

The following photos and text are from *Still Sane*, a series of 27 sculptures and narratives by feminist artist Persimmon Blackbridge in collaboration with Sheila Gilhooly. *Still Sane* is one woman's story of defiance and survival; it documents Sheila's three-year struggle against a psychiatric system that regards lesbianism as a sickness to be cured by incarceration, shock treatment and drugs. (Excerpted from *Still Sane*, Press Gang Publishers, 1985.)



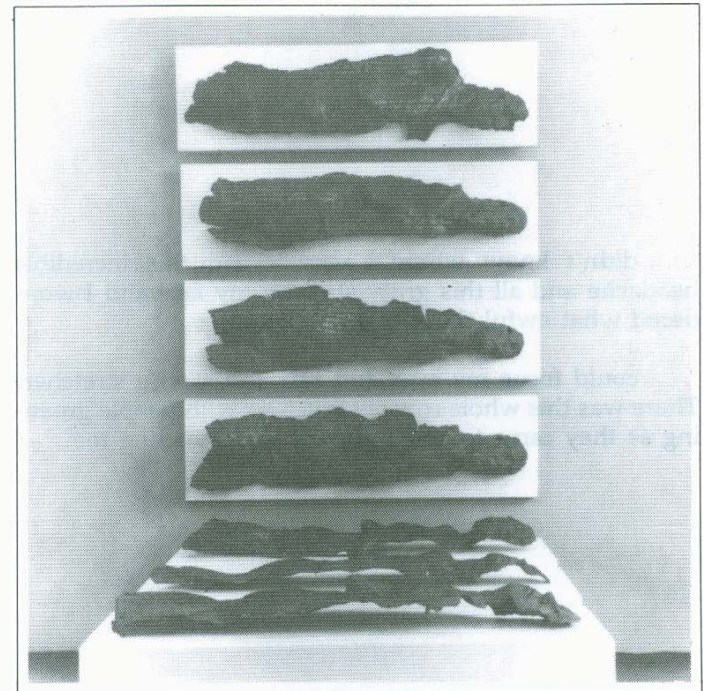
I told my shrink I didn't want to be cured of being a lesbian. He said that just proved how sick I was. He said I needed shock treatment.

... till we got to this waiting room, and the nurse told us to sit. There were seven of us there getting shock instead of breakfast. They called us in one at a time. They never told you what order or when you were next to go so everyone was tense and not looking at each other.

... opened the door and pushed me through but it was too soon 'cause the other woman was still there strapped down on a stretcher.

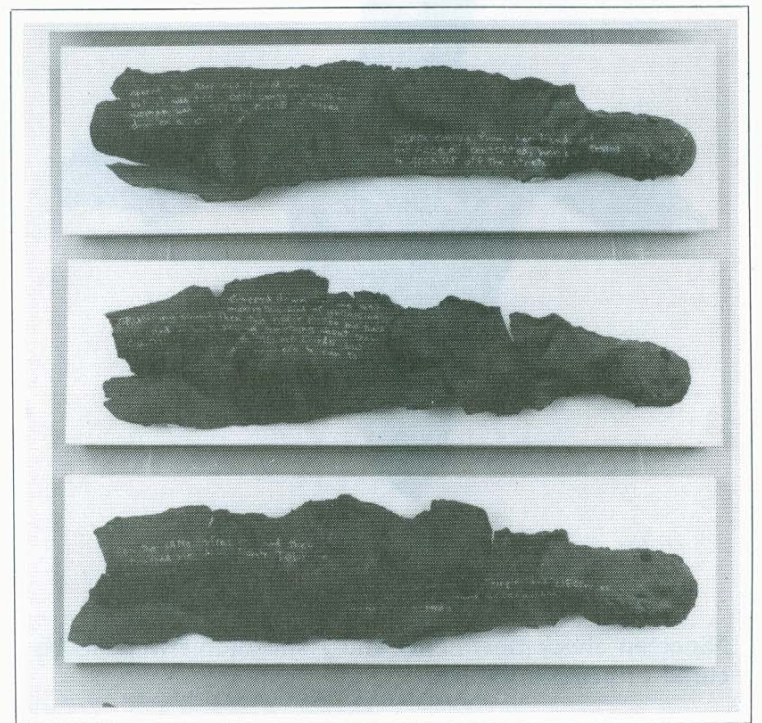
... wires coming from her head and her face all contorted, her body trying to arch up off the stretcher. She was making this sort of groaning, grunting sound. Then the nurse pulled me back and I was yelling something about how they couldn't do that to me and I ran but of course there was nowhere to run to.

... on the stretcher and they strapped me down. Nobody told me anything. They put this gritty, gummy stuff on my temples and electrodes attached with a band around my head. Then they gave me a needle. I could feel the pentathol going up my arm and then they slipped a rubber disc in my mouth and then nothing.



... didn't know where I was. I had this incredible headache and all this gritty stuff on my face and I wondered what awful thing had happened.

... could focus my eyes and saw I was on a stretcher. There was this whole row of stretchers with people groaning as they came to and I guess I was groaning too.





Nineteen shock treatments and I still didn't want to be cured of being a lesbian.

After shock treatments my memory was kind of wrecked, even for following conversations or remembering what I'd had for breakfast. My shrink said it had nothing to do with shock—it was 'cause I didn't want to remember and stuff like that. When I got out of Birchwood it was really hard. At first I was all casual and would say, "Oh, how's Aunt Agnes these days?" And it would turn out she'd been dead for six months. It got so no one ever called me 'cause they thought I was too weird. I didn't even have it together to be pissed off. I just felt scared. I didn't know if I'd ever get better.

Mostly everyone thought I was kind of dumb and slow, but really my mind was racing, trying to piece stuff together and avoid pitfalls. The whole point seemed to be to pass for normal, but sometimes I'd wonder what was the good of fooling anyone. Finally I found a job as a shipping clerk at a warehouse. It was simple, really, just filling out a few different forms and filing them in different places, but I got confused. Everyone was patient for the first week and smiled and said I'd get the hang of it.

But after the second week I got called in to the manager. He couldn't understand why I couldn't do it right. He gave me another week, but I did even worse 'cause I was so frantic trying to remember stuff. So they fired me. After a year my memory gradually improved, though I still have blank spots. A long time later, I found out that memory loss is a common after-effect of shock treatment.

My Shock Story

Phyllis

Phyllis is a pseudonym for a woman who was subjected to a series of electroshocks in the Bay Pavilion of the Royal Jubilee Hospital in Vancouver, BC, in 1964.

Treatments were given Monday, Wednesday and Friday mornings. The patients gathered in the lobby outside the dining room across the hall from the shock room. There would be about twenty of us, waiting in our pyjamas while the other patients filed in for breakfast—we just sat, numbly waiting for our turns. Sometimes we held hands to comfort ourselves and each other. Every twenty minutes or so the door of the shock room would open and a patient would be wheeled out on a stretcher. One of the doctors would emerge and call the next in line.

The treatment room looked like a small operating room, more or less. I was helped to lie on the table, then given a shot of sodium pentathol in the arm. On one occasion the shot apparently went into an artery instead of a vein. My left arm went completely cold and dead, but the rest of me didn't. They put a rubber wedge in my mouth, strapped my arms and legs down—and then someone noticed I was still awake—fortunately before they pulled the switch. The second shot put me out. One of the less lovely side-effects of shock treatment is that it makes you urinate, so I would wake up sopping and stinking.

Every time I woke up I would take a mental inventory to see what I had forgotten. The one time that really scared me was when I couldn't remember where I lived. I knew I had a husband and three small children—someplace. I could picture them but I couldn't form any mental image of where they were.

Several times I have had strangers come up and greet me with great affection. I've had to tell them, look, I don't know you, I don't remember you, I never saw you before. That hurts them. And it hurts me. The first time, it happened with a woman that had been my next-door neighbour in Victoria. I tried at first to tell her she'd made a mistake. But she knew me, knew all about me. Finally I just had to admit there are things I will never remember.

It is not true that shock treatment "cures." What it does is terrify. For some people, that pressure is greater than the pressure that put them in the hospital in the first place. These people, and I was lucky to be one of them, react by pulling themselves as together as they can, simulating the behaviour the doctors want, and getting themselves released. Then they get well, or they don't, by themselves. They have found that there is something worse than their lives outside the hospital. That is life inside the hospital. For me, and I'm sure for others too, just the memory of being a thing in bed (or on a floor) is enough to keep me going. Whatever happens to me, it can never be that bad again, and since I survived the hospital more or less intact, I expect to be able to handle anything. If I were ever faced with the prospect of being in a mental hospital, I would kill myself rather than go through it again.

But what about the patients who can't get themselves together enough to get away, get out, defend themselves? For them, shock treatment must be just the world beating on them again, proving the hopelessness of their situation. Because when you are sick and needing help so desperately, you reduce the world to terms simple enough for you to handle. It doesn't matter to you then how softly the doctors talk or how sympathetic they seem to

be—all that counts is what they do to you. Does it comfort or threaten you? Does it soothe or hurt? Shock treatment, when you strip off all the pretensions, is cruel, and no amount of expression of good intentions will make it otherwise.

Just Make It To Tomorrow

Margaret Pratt

My experiences with psychiatry began in 1978 when I was admitted to a mental health centre. It was the beginning of a descent into hell that would last four years and a return from that hell which is still continuing.

How did it all begin? In the early fall, things started happening to me which I didn't understand. There were times when I felt scared and didn't know what I was afraid of or why. I got a frightening, trembling feeling in my arms, legs, and stomach. I had just been in Africa and was now accepted as a teacher in New Guinea. Taking off for another country was understandably frightening; still, it didn't merit this kind of reaction. After all, I had done it before. I was afraid and didn't know why, and when I wasn't having these feelings I was afraid of being afraid.

My church and faith have always played a large part in my life. After my return from Africa, they continued to influence me. For several years, my church had been dying a slow death due to a series of ministers lacking leadership qualities and a congregation either too tired or unwilling to keep the church going. Before I left for Africa, a new minister had been called for the purpose of revitalizing the people and bringing some spirit into the church.

Up until that point, my faith had given me the strength I had needed to survive. Gradually my faith was being undermined and my security lessened. As a Christian I felt like a failure. I couldn't stand up in church and talk about

my growing fear, and I resented the physical and emotional intimacy the church demanded of its members. I always felt that an important part of being a Christian was having God and God having me. But as I listened to this new minister, I felt I had nothing, not even God. My work and enthusiasm decreased over time and it became obvious something was wrong. I cancelled my contract with CUSO realizing that, whatever was wrong, the jungles of Papua New Guinea were not the place to discover it. The minister suggested I receive some counselling. I made an appointment with a counsellor in a Christian counselling centre.

This was the fateful day in 1978 when I entered the counsellor's office, sick with fear. And this was the day when I came out of the counsellor's office so overwhelmed by the session that my mind was wiped blank. I had never wanted to talk to a counsellor before, but now I knew I desperately needed someone. Going back into the building was useless. My hour was up. I would have to wait for our next scheduled visit, but I couldn't wait that long. The minister seemed like the obvious choice. Over the telephone, I cried as I told him what had happened. Making this call was probably the last thing I did of my own free will. After that, the minister moved me from place to place. The minister asked if I would see a psychiatrist. My first thought was that a psychiatrist would help me understand what was going wrong in my life. I knew that psychiatrists couldn't solve my problems for me, but they might help me develop the insights and tools to help myself. I certainly never expected that they would create far more problems than I had.

I needed a doctor's referral to allow the minister to make an appointment with a psychiatrist. One afternoon, he took me to his family doctor; by coincidence my doctor was on staff at the same clinic. Since my doctor had delivered me 28 years ago, I thought it more sensible to see him rather than someone I didn't know. In the waiting room, I sat staring at the floor like most of the other people, wondering if I should say anything. I finally saw my doctor. He talked with me for only five minutes. At

one point, he asked, "Do you want me to refer you to a psychiatrist?" I said, "Yes." A more truthful answer would have been that I didn't know. As I sat in his office, my doctor called the psychiatrist whom the minister recommended. He worked out of a small mental health centre in a town 110 miles from my city. The minister must have spoken to my doctor before I saw him. How would he have known to call that particular place? Had the minister told my doctor what to expect when he saw me? Did he help the doctor form any impression of my condition? I later found out this wasn't the case. However, my doctor never thought I needed to see a psychiatrist; the counsellor whom I saw didn't think so either. Unfortunately, I didn't discover this until two years after my release from a psychiatric institution.

I spent one night at the minister's house. I'm not sure why. I was no danger to myself and never threatened suicide. Perhaps I should have been at home with my parents who could help if any crisis arose. The next morning, before driving to the mental health centre, I went home to pick up some clothes—"just in case they ask you to stay," the minister said. My parents stood in stunned silence as I walked down the stairs after packing. I didn't know what to say to them. I felt as if I was being sentenced to prison for some unspeakable crime.

I was silent during the two-hour ride to the mental health centre. My mind was absorbed in thought—"If I tell this psychiatrist all about myself, he is sure to think I am crazy. But if I am not truthful, how can he help me?"

The mental health centre was a non-threatening, one-storey building. In the waiting room, everyone sat staring at the floor. When a soft-spoken, tall, white-haired man appeared and called my name, a fear hit me. I followed this man to his office. We were divided—he sat on one side and I sat on the other of a huge, brightly-polished desk neatly cluttered with papers. As he looked at me, I tried my best to look back but failed. After a day of staring at floors, it was hard to look at a man who held such power. This man was going to decide my fate.

I repeated my story of growing fear to the psychiatrist. I

have forgotten many of his questions but I still remember two of them. "Have you ever thought of suicide?" he asked. If I answered truthfully, I thought, he was surely going to lock me up as a threat to myself. I wish I had been thinking rationally enough to realize that if they locked up everyone who had ever thought of suicide, the line-up at the doors of the institutions would be very long. I answered truthfully to improve my chances of being helped. The psychiatrist didn't ask for details and I didn't offer any, and he also didn't seem to care when and how often these thoughts came, or if I had bothered to work out a plan.

His second question completely surprised me: "Do you read the death column in the paper?" I answered "yes" again. Had he bothered to ask, I would have told him I also read the birth column, the personal column, the letters to the editor and the comics. Surely this array of subjects was a good sign of interest in life. However, this information never came out.

So I was not surprised when the psychiatrist finally said, "I would like you to stay with us for awhile." It was not hard to say "yes"; I had assumed I would be staying from the beginning. I didn't know I had any choice. I still had the idea that I was going to be helped and that I would leave this place a better person for having been there. I quickly signed a form and was admitted. It was a standard form, the psychiatrist told me, allowing me to be treated. Why should I read it when I trusted him? Surely he wouldn't do anything to harm me or treat me against my will!

Following a nurse to my room, I passed through a large dayroom with comfortable chairs, couches, a piano and a pool table. Large picture windows were on either side of the room. These windows were soon to become my favourite place to sit—my window to the outside world. My room seemed friendly enough, adequately furnished for two people. A door led to a bathroom which was shared with another room. The nurse started to search my suitcase. When I asked why, she told me it was "routine" for new patients. I accepted her answer unquestioningly.

Why not? These people had given me no reason not to trust them—not yet, anyway.

During the search, dinner was being served. I was escorted to the lunchroom. In this large room I got my first glance at my fellow patients. Some were a little odd-looking such as the old man with over-sized pants held up by suspenders. He walked in a goose step and paced up and down several times during the meal, unchecked by a staff member. There was also the man who sat in a wheelchair alone at a table in the far corner of the room. The jerking movements of his arms and head made it almost impossible for him to feed himself.

I sat at a table in the middle of the room. It was cafeteria-style and the food was unattractive but edible. I sat alone, humped over my tray, eating quietly. My head was bent, but I looked around to try and see as much as possible without anyone knowing I was looking. At the end of the meal, I was nauseated as my stomach tried to deal with the food and a rising feeling of panic. The room was emptying and I wanted to leave too, but I couldn't remember my room number or where my room was. I decided to stay at my table until someone moved me. The staff was around, laughing and enjoying each other's company. As I sat, afraid to move, I heard a friendly voice behind me say, "Hello, you're new here, welcome." I turned to see a patient with a warm smile yet pained look on her face. She offered to walk me to my room. I declined. Not only did I not know where my room was, but I didn't know what to do with my tray. I was close to tears for the first time since leaving the counsellor's office the day before. I was sure you didn't just get up and leave a tray on the table. Other people took the trays with them when they got up, but I didn't know where they put them and I was afraid to look around. So I sat, not wanting to do anything wrong my first hour. The woman placed the tray in a harmless rack behind me. As we headed for our rooms, the tears I had managed to suppress fell down my face when I told her I couldn't remember which one was mine. She easily found out and escorted me to my room. Two problems that had seemed insurmountable were

easily solved. I was devastated that I was unable to deal with such simple problems.

I lay on my bed that evening and cried, wondering if I had made the right decision to come to the centre. Would things improve tomorrow when they started helping me with my problems? The door opened but I didn't look up. I was still crying when a lady sat on my bed. I felt her hand on my back. She assured me there was nothing to worry about and I would soon be out and back home. When I turned, I found myself looking into the sweet face of a little old grandmother. I asked her how long she had been here. "Three years," she answered. I started to sob; she looked so normal. If she had been there three years, I was sure it would be five years for me. I buried my head in the blankets, crying inconsolably. Now, as I think of that first evening, it seems strange that the two people who tried to comfort me were fellow patients. A camaraderie developed among us patients, and I often felt that we were better than the trained staff at helping each other.

My second day started with a feeling of fear. After normal preparatory morning activities, I went to sit in an area close to the lunchroom. Many of the patients were already there; they seemed quite happy chatting to each other. It reminded me of waiting for breakfast at summer camp. The odd ones were off by themselves, some sitting quietly and staring at the floor. I joined this last group after saying a weak good morning. After breakfast I sat on a couch near the door of the lunchroom. I had no idea of what else to do. When it was time to clean up our rooms, I went back to my room despite the fact that I had cleaned it before breakfast. It was my first morning and I didn't want to make trouble. My first morning was spent getting a complete physical, including x-rays, from the doctor. Coffee break came after the physical.

After the break, I was expected to go to "Groups," although no one told me about it. "Groups" was the meeting of those patients capable of developing ideas and expressing them in some intelligible way. Someone pointed me toward the front of the building where I had entered the day before. All I had seen that first day was the floor

and about six inches of the wall across from where I had been sitting. The nurse escorted me to a room filled with comfortable chairs and couches occupied by fellow patients. In one corner sat a staff person responsible for the group. A big, seemingly gentle man with a soft voice explained the group's purpose to me; it was a place to talk, express ideas and bring up concerns. I chose a straight-backed chair next to the door, good for an easy escape if necessary. On the inside wall there was a blackened window with open curtains. I asked the leader, "Who is watching us?" After the meeting, I was shown the room—empty except for a TV camera. Everyone else glanced into the room. It was obvious that no one had bothered to ask the question before. Lunch came after "Groups." During lunch, the drug cart made the rounds.

I was surprised when the nurse stopped to give me my morning drugs. He must have the wrong person, because I wasn't here for pills. I was here to learn. When I asked what the pills were for, the nurse replied, "The doctor ordered them. Take them, they are good for you!"

A one-hour rest period followed lunch. I gratefully took it, although I didn't know from what I was to rest. It was a chance to be alone with my thoughts. As I lay there staring at the ceiling, I wondered if this hadn't been a very bad mistake. I hadn't realized that the drugs were part of the "treatment." I was lonely for parents and friends. I was so far away from home and had no way of getting in touch with them. I had felt much closer to home when I was in Africa than I did now. The minister back home, I soon discovered, was discouraging people from visiting me. Again he was deciding what was best for me. Hadn't he taken charge enough of my life?

The craft room was opened in the afternoon. The projects available were mostly ones in which instructions had to be followed. I followed instructions all day. I would have appreciated some activity which would have challenged my creative ability.

After the break, I returned to my now familiar position on the couch. A small balding man with a pleasant appearance introduced himself to me as the chaplain of

the centre. The psychiatrist had asked him to spend some time with me. As we walked to his office, I thought finally the healing process would begin. The chaplain asked me to talk about myself, so I repeated my story to him. I remember very little about the interview, and the countless hours he and I talked in his office, because of the numerous shock treatments I later received. At the end of the interview, we set a time for another interview. He put his arms around me and gave me a wonderfully comforting hug. It was a real hug, not the phoney one I had so often experienced at the church. For the first time in several days, I started to feel better and less afraid. I wished it could have lasted forever. During my two years at the centre, it was the only hug he ever gave me. In the many bad times that followed, I often wanted to ask for another hug, but I never had the courage to ask and he never offered. Perhaps there was a hospital policy of one hug per patient.

As time passed, I became more frustrated. I was co-operating in every way I knew. I was always on time for the meetings with the chaplain; he never had to look for me. I talked about anything he wanted, yet we weren't moving very fast. I was sure these people would know what was needed to help me. After all, they were the ones who had admitted me, diagnosed me, prescribed drugs and wrote reports about me. So here I was, deciding to make my life an open book, but no one was turning the pages. I became more and more depressed. By now, I felt I had made the wrong decision to come to the hospital.

During the following weeks, I spent most of my time sitting on couches. My eyes were either focused on the trees and grass outdoors, or, if anyone passed by, on the floor. I soon learned to identify the staff—not by their faces, but by the type of shoes they wore.

As I wondered how much longer I could tolerate this situation, the psychiatrist suddenly informed me that, starting the next day, he was going to give me shock treatments. He had to explain what shock treatments were because I had never heard of them. During my hospitalization, I received approximately 40 shock treatments. I am

not sure of the exact number because the biggest effect of these "treatments" is a loss of memory. When I had to sign a release form for the shock treatments, I didn't realize that I had signed away all my rights and power.

All the patients scheduled for shock treatments sat together in a room staring at the floor, waiting to be called. When I walked into the shock room for my first treatment, I was too scared to even think of running. Four or five staff people standing around a bed watched me as I walked toward them. I remember praying, "God, don't let this happen to me." As I lay on the bed, a man whom I didn't know pricked my hand and asked me to count backwards from five. During all of my treatments, I never got further than three, but I had a secret goal of getting at least to two and, with luck, someday all the way to one.

After my first shock treatment, I woke up in my bed, wondering why I had gone to bed the night before without changing my clothes. I must have been extremely tired because I had only managed to undo the top button of my jeans. A nurse finally told me what had happened, but I still couldn't remember—even after she showed me the shock room. The worst memory I have of shock treatments is the time I woke up on the recovery bed to see them jolting a friend. I remember rising and indignantly asking what it was they thought they were doing to her; I lost consciousness again as several nurses rushed towards me. After three or four treatments, I felt higher than a kite. I had a wonderful feeling of euphoria. I hadn't felt that good for years. If anyone had asked, I would have wholeheartedly endorsed the psychiatrist, the centre, and the whole mental health system. I was no longer frustrated because of a lack of progress. Life couldn't have been better. Many memories were gone but I didn't care—at least not yet. I didn't know that they were gone.

After seven weeks in the centre, I was allowed to go home. The idea felt good, not because I had worked out problems but because of the euphoria associated with the shocks. When I got out, I tried to resume my life and saw no reason why I couldn't rush back into the mainstream of life.

I did well until one devastating day. I was home and walking up the stairs. I remember being about five steps from the bottom when the idea hit me. "My God, I'm crazy." I had only jokingly used the word "crazy" before, but now its full meaning hit home, hard. The words seemed to grow louder and louder inside my brain, echoing off the walls of my head. I stood there paralyzed with fear. I felt as though time had stopped and I would be trapped in that moment forever. The little time capsule moment would never burst. This feeling of being crazy and being seen to be crazy would last forever. Eventually, I made my way upstairs, curled up in a ball on my bed and sobbed, thinking that my life was over. My parents phoned the staff at the centre, since they felt they couldn't handle the situation. They soon decided to admit me to a local hospital for more treatment.

My psychiatrist at this hospital was a tall man with white hair and rounded shoulders. He was English and spoke with a high-pitched, soft voice. I felt he was afraid to speak any louder. He always wore the same clothes each day: a double-breasted navy blazer and grey pants. And each day he wore the same amount of dandruff on his shoulders. Although I never felt he was a good psychiatrist for me, I was glad to see him each morning. It's strange. No matter how much you dislike the psychiatrist, it is comforting to have someone with authority coming to see you each morning. Perhaps it's the feeling that you have not been forgotten.

During our conversations, he would seldom look at me. This didn't bother me because I seldom looked at him. I only looked at him when I knew for sure he wasn't looking at me. We continued this avoidance pattern when therapy resumed in his office after my release. I sat on one side of his desk, he sat on the other. He sat with his head turned to the right, looking out the window and curling his small grey and white beard. When he did turn to face me, he would close his eyes and raise his eyebrows. I honestly believe that he thought he was looking at me. I saw this psychiatrist several years later on the street. I tried to recall who he was and where I had met him but couldn't

place him. It was only when he turned his head to the right and I saw his slightly curled beard that I remembered him.

I really can't remember my stay in this second hospital. The only two events I recall are another set of shock treatments and making a leather belt appropriately decorated with little nuts.

There were more hospitalizations. Each time I was admitted, it only confirmed my belief that I was really crazy and needed psychiatric help. It gradually became a vicious circle: depression due to the belief that I was incurably crazy, admittance to the mental health centre, increased depression because this only confirmed my suspicions, shock treatments, release—starting the circle again.

One autumn, I felt my life was falling apart again. There was a new doctor at the mental health centre and he admitted me for another attempt at "treatment." After several days, I was again convinced that returning to the centre had been a mistake. Neither this doctor nor any other would be able or willing to help me. I also knew that I would be unable to make it outside the centre, because I had become too dependent on it and had lost all confidence in myself.

By this time, I desperately wanted to die. I had wanted this for a very long time but was afraid to die. If you committed suicide, they said you went to Hell. I had hell on earth. I certainly didn't want it in death when it was for eternity. I prayed so hard that God would either cure me or kill me. The choice was his; either would be fine, but whichever it was to be—do it quickly please. One morning, I woke up and realized that if God loved me in life, he would surely love me in death. This knowledge was all I needed to make the decision. I chose death.

My plan was simple. I would go home and get some pills, find a quiet park, sit under a tree, take my pills and quietly go to sleep and die. The plan was easy to carry out. The hour-and-a-half bus ride home went quickly. Never did I question my decision. It seemed like the right thing to do. No one was home when I arrived so I decided

to take the pills there. I lined up all the pills stretching across my dressing table in two lines. I took the pills one at a time. Usually two or three pills make me sick but not this time. I took about 30 antidepressants before I stopped to give them time to reach my stomach, intending to finish the rest. I remember looking at myself in a mirror thinking that it would be the last time to see myself alive. I suppose it was my way of saying goodbye to myself. I lay down on my bed which is normally hard and uncomfortable. This time it felt so soft, as if I were lying on a cloud. The telephone rang and I laughed when I thought I should answer it. I laughed, thinking "why should I care, I'm going to die." I lay in my floating world when suddenly my parents were in the room. There was movement, commotion, sirens, people shaking me, but I didn't care. I remember being helped down the stairs by two men and then lying down on a stretcher.

The next day, my parents drove me to the centre. I went straight to my room and left my parents to talk to the doctor. Lunch time came and I was starved, but I didn't really want to face anyone. I quickly ate and returned to my room. During the following days, no one asked how I was. No one said it was good to have me back. No one scolded me for doing such a stupid thing. No one asked me about the incident. I nervously waited for a reaction—*any* reaction. When none came, I began to wonder if I had really tried suicide. Perhaps I hadn't and it was all a fantasy. No one from the centre has mentioned it to this day.

During all my hospitalizations, I went for long walks. It was the only way I found to loosen all the knots in my head. I knew the psychiatrist didn't like me walking very much but he had never strongly objected. Then, one day, the start of one walk led to disastrous consequences. I was near the front door when the psychiatrist asked me where I was going. He gave me several choices but I didn't like any of them. A walk was not one of the choices. When he started coming towards me, I moved backwards and got caught in a corner. With my face and voice, I told him, in no uncertain terms, not to touch me. He paid no atten-

tion. Suddenly, four men appeared from nowhere. Each took an arm or leg and half-dragged, half-carried me back to the isolation room. Had this drag-and-carry method been one of the options, I would gladly have changed my walking plans. They threw me on a cot in the isolation room where my coat and jeans were forcibly removed. I tried to bury myself in the blankets, not knowing what other clothing was to be removed or what was to happen to me next. I felt violated by four men who watched me as my jeans were stripped. A needle was jammed into my hip, a sedative I believe. The psychiatrist warned me that if I ever went for a walk again I would be transferred to a locked ward in a large city hospital. He also informed me that shock treatments would start the next day. They left me thoroughly humiliated, with wounded pride and a sore hip.

The shock treatments started again the next day as promised and lasted longer than usual. I suppose the psychiatrist was trying to change me once and for all. This time, the shock treatments had little effect—no euphoria and little loss of memory. Since I refused to change to satisfy the psychiatrist, he continued the "treatments."

By February I had had enough. I asked the psychiatrist if I could go home and he agreed. I had thought I'd go home for three days, spend the other four at the centre and then gradually decrease the number of days at the centre. When the psychiatrist agreed to let me go home, he said I should make an appointment to see him in two weeks. I panicked. It was the same as before—going from total dependence to total independence. I didn't like the idea but the psychiatrist made all the decisions anyway. My release and recovery were to be accomplished on his terms.

In two weeks, I returned at the appointed time. I must have passed inspection because I was sent home again—this time with one appointment each month. After my third monthly trip back to the centre, I realized how useless these trips were. I threw the pills into a ditch outside the building and told no one of my decision not to return.

A few days after returning home, I rented a furnished room in the area of the city known for poverty, violence and as a settling place for released psychiatric patients. Little did I know that the next two years of my life would make my time in hospitals seem like a Sunday School picnic.

My furnished room, nicknamed "the dump," was colourless, lifeless and dirty. The bed was a couch whose back folded down, leaving a large crack running lengthwise on the couch. Sleeping on this crack was very uncomfortable. If you rolled too close to the edge, the couch had a nasty habit of flipping you to the floor. One night after being flipped twice in quick succession, I decided to stay on the floor. For the next two years, the floor was my bed. This nasty little room became my home, my prison.

During the first three weeks, I just sat unaware of much around me. I knew the money I had left after paying the rent would not last long. I started searching for a job. I didn't expect much but was fortunate to find a temporary position as a clerk-typist at a nearby insurance company. However, I found that I was unable to perform the easiest task or follow the simplest directions. I tried very hard but I couldn't perform well. Memories of my many hospitalizations over the last two years kept crowding out the directions from my mind. All the different forms seemed so complicated, the teletype machine frightened me, and I jumped every time the phone on my desk rang. At the end of the day, I would leave the office and walk quickly back to my room. It was only ten minutes away but by the time I reached the street where I lived, I would already be crying. My walk would quicken to a run, and I would make it to my room where I would sit on the floor in the dark, crying over and over that I couldn't go back to the office again. I would fall asleep and waken around 10 pm. After supper, I would again sit on the floor telling myself over and over again that I must go back to work. The alternative was going back to the hospital, and I knew I could not survive another hospitalization. I was usually awake until three or four in the morning when I would fall asleep exhausted. Then I would waken with a start, realiz-

ing I had little time to get to work. I would throw on some clothes and race to work. This cycle was repeated each day.

I went back to the mental health centre again, because I desperately wanted someone to talk to. It was to be only a one-hour visit. I had no desire to be readmitted. It may seem strange that I chose to talk with a psychiatrist whom I had refused to speak with in the past. It didn't take long for me to realize once again that I had made the wrong move. I wanted to leave without seeing the doctor. I overheard statements by the staff which demonstrated callousness and insensitivity unmatched during my previous hospitalizations. A young man was refusing to take his pills and the shock treatments which were scheduled for the next day. A new staff member told him that he "might as well take the pills, 'cause come morning the psychiatrist will throw you up on the table whether you want it or not." This statement had absolutely no effect on the young man, but I was furious and ready to verbally attack the psychiatrist.

I told him about my life during the last several months. He responded by telling me I couldn't come running back just because things got tough. I told him I hated him, the centre, all the people in the town and the whole world. He looked at me and replied, "You sound like a chapter in the Old Testament."

The psychiatrist's response stunned me. This only proved to me that my decision not to confide in him in the past had been correct. I left his office and the centre, promising that I'd never see him, the centre or any other "mental hospital" again. I have kept my promise.

It has been a few years since I was last under the care of a psychiatrist. Sometimes the memories are so vivid I feel it was only yesterday when the hell began. Sometimes I have a false sense of security, believing I have my memories and emotions under control. But it only takes a depressed mood and an article in the paper or a television show featuring a mentally unstable character and suddenly related memories push their way to the front of my mind. This clears the way for a flood of institutional

memories and quickly I am back where I was those years before. All the sights, sounds, and smells are as clear as they were that first time. I don't expect that the memories will ever go away.

Falling

Angeline Doucet

I am falling . . . falling . . . but not toward a
bottom
Because there are no sides or walls
Or dimensions
In this abyss.

It is without flatness or roundness,
Without warmth or coldness,
Without darkness or light,
Without shadows where I can hide.

I am revealed in a reality so stark there is no room
For emotion, except horror, sharp and cruel
As my existence and I must face
The ugly fact of my name.

Ruled by laws which can never be known
The solitary subject of this empty kingdom
Only knows there is flux and wind . . .
The wind is never still.

There never was a beginning,
There is no bottom and I am falling . . .
Falling into, out of, from, to a world
I have never seen and can never know.

I will be free in vast space without restrictions
Or enslaved in rigid immobility.
If the wind follows me
It will toss me mercilessly,
Not swirling in predictable patterns
But falling within horrendous disorder
Down a bottomless chasm
Not knowing, never knowing, who I am.

The Awakening

Irit Shimrat

She comes to—with a jerking back of the head so strong she can feel her brain hit the inside of her skull. Gradually she opens her eyes until she is staring into dim light. Each time she blinks, a swirl of colour replaces the forming outlines of chairs, windows, television set, people, pool table. She becomes absorbed in the pattern of colours. Is there a meaning to the sequence? Blink. Azure. Blink. Magenta. Blink. Gold. Peacocks. With the thought she can see them strutting, their fanned tails enormous in Egyptian sunlight. She can feel the blaze of the sun on her upturned face, fires in her eyes. She draws a deep breath to make a sound but is stifled by dark noises—maddening irregular drumbeats and heartbeats and voices hammering at her meaninglessly. But she won't let them keep her down there. Then, the razorblade surface of water is seen from below. With rubber legs she kicks weakly up, up, breaks surface. . . .

An orderly's round face looking down into her face, white ceiling beyond.

Filtering through dissonant sounds, a voice from the moving lips: "How you doin'?"

Focusing slowly into his eyes she must decide whether he is the Beast or an agent of the Beast's, or a god. She takes what signs she can from his eyes and works it out that he is half evil and half divine, and that she should

placate the evil half while appealing to the divine half for help. She gazes mutely into the holy eye, then feels her skin punctured by cold sharp metal and has to escape and thrashes wildly but is restrained and clutched at. Violence is being done to her and there is NOTHING she can do but scream, and she can't hear herself scream, so she doesn't know if hearing still exists wherever and whenever she is now.

She clicks out of a deep trance and into a small, white, windowless, utterly claustrophobic office. The person sitting opposite her must be a doctor.

"You're looking at me," says the doctor.

She takes this in and decides that it is an inane thing for the doctor to have said, and does not answer.

"How are you feeling today?"

She is feeling that she doesn't want to be in this horrible room with this moronic doctor-person.

It occurs to her suddenly that it would be easy to tune out and go somewhere else. She goes to an island she visits sometimes. She sits leaning against a strong, good, rough-barked palm tree, smelling the ocean as it churns green beneath the slime-sided rocks at her feet.

From her island, at night, she can converse with people who have died and sometimes with beings that are not people. Tonight she and some of her friends will have a star-jumping game: they will pick stars on which to mentally balance until they're really balancing on stars, and then they will jump into the surrounding music.

A long time later, everything is much greyer and more factual. Rituals such as tooth-brushing, food-eating, face-washing and chair-sitting have become the stuff of life. All the nice things have turned out to be mirages: small precious articles of faith turn into ordinary junk again. The time of alchemy is a bitter memory.

"Do you know where you are?"

"I'm in Seventh Heaven."

"Do you know what day it is?"

"It is the anniversary of god's death, 1941-squared. It is the dawning of the age of Aquarius."

"Do you know where you are?"

"I'm in Seventh Heaven."

"That's not where you are."

"How would you know?"

"Do you know where you are?"

"I'm in Mount Sinai Hospital, Psychiatric Ward, Ninth Floor South."

"Good girl."

Good? Girl? She wants to tune out but can't.

"You're getting better."

You don't know at all, she thinks, and says, "I'm really tired. I'd like to lie down."

"You've been lying down all morning. It does you no good."

"I'm tired."

"Maybe I should reduce your meds."

"How much am I on now?"

"I told you yesterday."

"I don't remember."

"Two hundred milligrams."

"God."

"Why do you say that?"

"What?"

"What made you say 'god'?"

"Just seems like a lot."

"It is quite a bit, but we decided that it was what you need. Maybe we could reduce it by 25 at this point. Do you want to try that?"

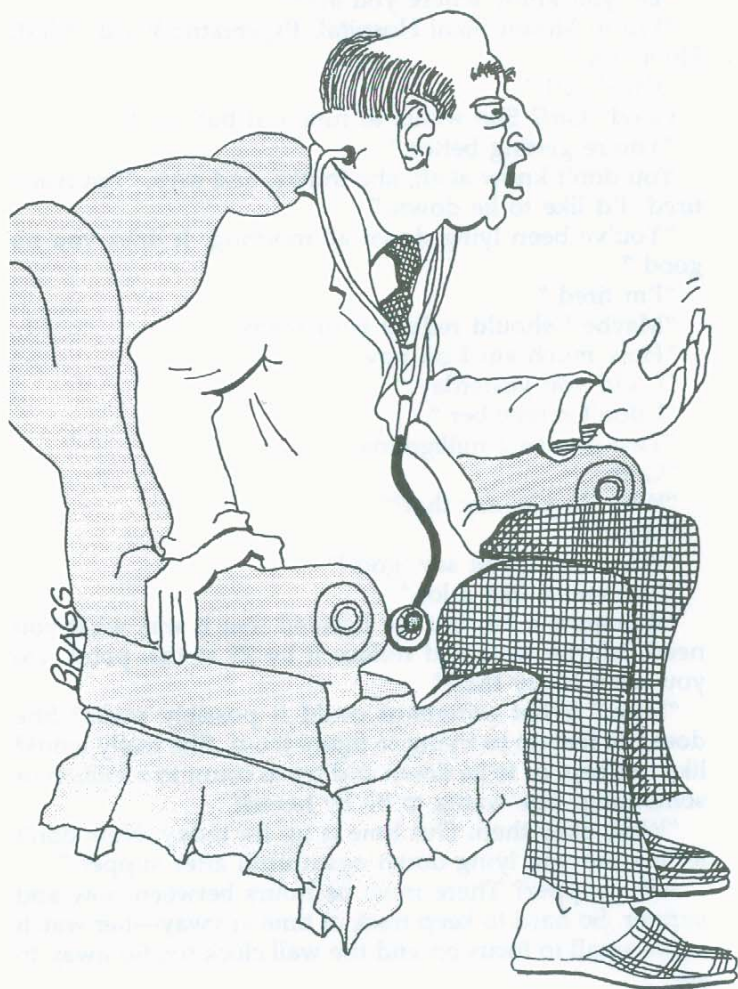
"Sure." What difference could it possibly make? She does not feel up to trying to figure it out. She really would like to sleep, or to lie down and try to count to a million or something. She wants to be by herself.

"Well, okay then. Our time is up for today. Now don't let me see you lying down again until after supper."

After supper? There must be hours between now and supper. So hard to keep track of time anyway—her watch is too small to focus on and the wall clock too far away to see.

Dismissed, she goes to sit in the TV room with a cluster

"YOU MUST BE MORE RATIONAL!"





Will I Be Forgiven

Angeline Doucet

Will I be forgiven
If I abandon eternal light
To choose the darkness
At the end of life?

I try to conquer horrors
Not many have seen—
The delusions of day,
The putrid phantoms of my dreams.

I despair at the ease my darkness
Can pierce through the sunshine
And reveal only death
In the eyes of a child.

I know the only escape
Is suicide
If I could be certain pain
Would not follow me to the other side.

Will I be forgiven
If I sever the threads
That separate heartbeat and breath
From silence and stillness,
Life from death?

"The Young Men in Curlers"
"A Jewish Giant"
"Hermaphrodite at Home"
and
"The Child with Grenade"

Again & again
Calling from the chakra of night—
A Cuban dwarf in his dirty room:
Stark naked.
Mascara'd. And
perfumed. (Concealing genitals
between closed thighs).

Perfect Rage.
Masked, feathered, and crowned.

Captured in their noble madness,
Freaks
She calls
Aristocrats

My Experiences with Psychiatric Wards

Anna Dziodecki (a pseudonym)

My first confinement was in 1968. I was having marital problems. I was convinced then and remain convinced today that this would not have been necessary had my husband hired a maid to take care of the household till I was able to cope again. Hiring a maid meant a big expense; letting me go to the hospital meant it was covered by OHIP.

I was not mentally ill at the time, I just had lost all my energy. Upon telling my family doctor this, he put me in the psychiatric ward where I was given drugs. No one asked me whether I wished to take them or not; I was given no choice. I was confined six weeks and then sent home on drugs. This was my first experience with drugs. Finally, when I became so filled with drugs that I could not even bend down to tie my shoes, I knew I was in big trouble. I hated them, decided to quit them, only to discover that without the drugs I couldn't work.

At that time, my eldest sister happened to visit me and I told her my problem. She told me if I wanted to get off drugs to do it gradually. I did. Once again I felt normal, but my marital problems only got worse. As a result, I had two more six-week confinements in the psychiatric ward of our general hospital. Each time I was again put on drugs, much to my dismay, and each time I came home I took myself off them.

If you've ever experienced feeling really good in life, and I had, that's the way you want to feel again. On drugs I never really felt good.

In 1972, I separated from my husband after four-and-a-half years of a living nightmare. I later ran into difficulties which landed me in the psychiatric ward of our local hospital again. As before, I was put on drugs. A number of times because I was destitute, the local hospital took me in—always to the psychiatric ward—and for whatever reason I was there, they put me on drugs again. So here I was, needing only food and shelter or whatever, but the drugs were always administered. Eventually I grew stronger and began working as a companion-housekeeper to an elderly lady. She suffered from hardening of the arteries. One day when the elderly lady came up to me and put both of her hands around my neck, I discovered that she hated me, although she had never said a word. In fact, she hardly ever spoke to me.

Some time later, I momentarily felt particularly endangered by her. Without thinking of the consequences, I hit her in the face with the kitchen broom. She only got a scratch on her cheek. I immediately realized I was in trouble and called the police. They came. This time, I was taken to the district government mental hospital, put on a needle and confined for three months.

My whole world had fallen apart once more, and I was very upset about it all, but I could do nothing about it. I was released from hospital and put in a terrible boarding house and was again on drugs. After three months, my body had become saturated with the drugs and I was so restless I couldn't sit still. I had to keep walking the halls like a maniac. When I complained to the psychiatrist, all he did was prescribe more drugs, which only made matters worse.

I left the boarding house and took off to my sister's place in another city. She reluctantly took me in. By now, I was in such a state I couldn't relax anymore, was shaking, and a very severe pain was beginning to develop at the back of my head. I felt it would, literally, drive me crazy if not relieved. I asked my sister to take me to the

doctor; she put me in the psychiatric ward of the local hospital again. I don't know what really made my pain at the back of my head go away—only that it went away almost immediately after I arrived at the hospital and has still never come back, but then I began to suffer from a feeling of burning up. When I told the psychiatrist I was suffering, he said, "We know you are and we'll do all we can to help." He immediately put me on a heavy dose of drugs.

Later, the psychiatrist sent me back to my sister's. I hated living with my sister because of her lack of sensitivity towards my needs. After about six weeks, I felt I couldn't stand it any longer, left, and got an impossible job. I quit the job about a week or so later and went back to my sister's place, simply because I had no other place to go. I was only back a day or so when she phoned the hospital and told them she just couldn't have me drop in and out of her life. They told her they'd take me in. Once again, I was taken to the psychiatric ward at the same local hospital and put on drugs again. Later, they put me in a rest home for old folks, although I was only 49. This was in June 1982.

The rest home was no good—I got more restless every day. I could see no way out, except to go back to Hamilton Psychiatric Hospital. I knew if I took this route, they would put me on a needle and when I thought of living that way again, I felt I was better dead. I finally decided to drown myself, but my attempt at drowning didn't work. I experienced no bodily harm, only terrible guilt afterwards, but now I was ready to go back to the government hospital.

I phoned the local hospital psychiatrist. Arrangements were made and I was admitted there a second time. I was extremely upset. I told them I simply wanted to work and after some weeks I was allowed to work full-time in one of their sheltered workshops. I did my very best each day. This gave me a sense of accomplishment and of being worth something once again, both of which I so desperately needed. After all, I had grown up on a farm, learned what hard work was all about, had run a house

for years, and knew what the good feeling of satisfaction of a good day's work was all about. I wasn't able to accept a worthless and useless life for the rest of my life.

On September 13, 1982, I was put in a "Home for Special Care." I continued to go to work at the hospital workshop five days a week. Once more, life began to take on a normalcy for me, and I was able to relax, settle down and start living again.

On June 24, 1985, my landlady called the police and an ambulance because I wasn't eating at the house. (Their food made me sick, so I was eating out.) Again, I was taken to Hamilton Psychiatric Hospital and put on a needle. I didn't know what to do anymore. I cried out to God for help. Help came in the form of the Patient Advocate who called a lawyer. The lawyer proved that I was committed illegally, and he got me out of the hospital. This time, I filed a lawsuit against the parties involved.

When I got back to the boarding house, I was put out because I refused to take drugs. I then went to an emergency shelter for women and from there to another boarding home. Shortly afterwards, I got myself a good baby-sitting job. A couple of months later, I moved out and into private accommodation and became completely self-supporting. Life was once again good to me.

True, I'd come through a lot, and God alone had been my stay and comfort. The Holy Scripture tells us to forget things that are past and press onward to things that lie ahead. This I was determined to do. I'd had the desire to serve and help others ever since I was a teenager. Finally, I was in a position to do so.

On Saturday morning of December 14, 1985, I called upon my pastor and his wife. I was facing a real fear at that time which I wanted to discuss with them. I rang their doorbell and was let in by the pastor's wife. I wasn't able to get anywhere with her, so I asked to see the pastor. She gave me all kinds of excuses about why I couldn't see him. Then I did something I have never done before (I know my manners). I walked past the wife into their sitting room to wait for the pastor to come down, which he

did shortly. I asked to see him privately. Prior to this, he had promised me an interview; now he said, "No, I'm sorry." The next thing I recall was that he came over to me, put his hand up to my mouth, yelled and told me to shut up, that I had a "demon." Then he said, "Get her out of here." He grabbed me by the arm and pulled me out his front door where I landed flat on my back. I didn't want to be put out, so I grabbed him by the leg. He freed himself, jumped into the house and his wife came out. I grabbed the hem of her skirt as I was still lying flat on my back. She freed herself, went in the house and locked the door. Then they called the police on me. The police arrived. I told them they couldn't arrest me as I'd broken no laws. They said, "No, we can't arrest you." However, they then quoted the *Mental Health Act* to me, forced me into their car, and took me to Hamilton Psychiatric Hospital again. *Will this cycle never end?* I told the police I was not mentally ill and I wasn't. Granted I had acted in an unusual way to get the attention of the pastor and his wife, but in no way was I mentally ill, and in no way did it warrant the police taking me to a mental institution.

It is now March 7, 1986, and I'm still locked up in Hamilton Psychiatric Hospital. Upon entering, I was indignant. I decided to remain mute and see what kind of diagnosis they'd come up with. Later, I changed my strategy.

First, a male psychiatrist came to see me and asked me how I'd gotten to the pastor's house. Later, the same lady psychiatrist whom I'd had on my first confinement was assigned to me. I felt I had to break my silence and tell her I was not sick. She said, "That's a matter of opinion."

I had refused to eat the hospital food, because the last time in hospital when I had eaten off my food tray, I had become sick each time, and when I didn't eat off my food tray I'd been fine. So I thought the same thing was going to happen again. All I was trying to do was keep myself well. The lady psychiatrist ordered needles to be given to me. The drugs only made me extremely drowsy and sleepy. They in no way changed my mind about anything. She later reported at the Review Board hearing that the

needles had helped because they made me eat. She also interpreted my not eating for five days as evidence that I was a serious harm to myself.

This lady psychiatrist certified me as an involuntary patient. She stated that in her opinion I was of "serious bodily harm to others and of imminent and serious impairment" to myself.

I went before the Review Board seeking to get myself released. Here, my lady psychiatrist described the "illness of my mind." She advocated more drug treatment. The board approved this treatment for a period of up to three months. They automatically accepted everything this psychiatrist said about me only because of her medical degree. They paid no attention to what I said or thought.

I got my lawyer to come to the hearing. So far, we've gone to two more Review Board hearings trying to get me out of here, but to no avail. My psychiatrist always drags up my past hospitalizations and the fact that I hit an elderly lady to support her opinion that I am "dangerous." I've more than paid for that offence, yet here in the mental hospital we're condemned for life.

The "treatment" she advocated is a mind-altering drug, which changes my God-given personality, my thoughts and fears. It would ruin me. This is the kind of life she is advocating for me. I wrote my psychiatrist a letter telling her if I had the choice between treatment or death, I'd choose death. Yet she will not budge!

My lawyer then appealed the Review Board's decision, which ordered the drug treatment, to court. My psychiatrist is prevented from treating me until my case is heard. If the judge will only uphold the *Canadian Charter of Rights and Freedoms*! The *Charter* gives freedom of conscience and religion, freedom of thought, opinion, belief and expression; also life, liberty and security of the person to everyone. They say the *Charter* is virgin territory, so no one knows how the judge will interpret it. In other words, I have no idea what they will do with me.

Time Around Scars

Susan Musgrave

(from *Songs of the Sea-Witch*, Sono Nis Press.)

Going back the last time
propped up on the bleeding walls
a broken-down car and
stealing a razor from
a slivered man who
wailed about this the
last time it happened—

I thought
—I'll send him an ambulance
full of blood

or at the trigger moment
think of something else . . .

I came back to you again
only the day after

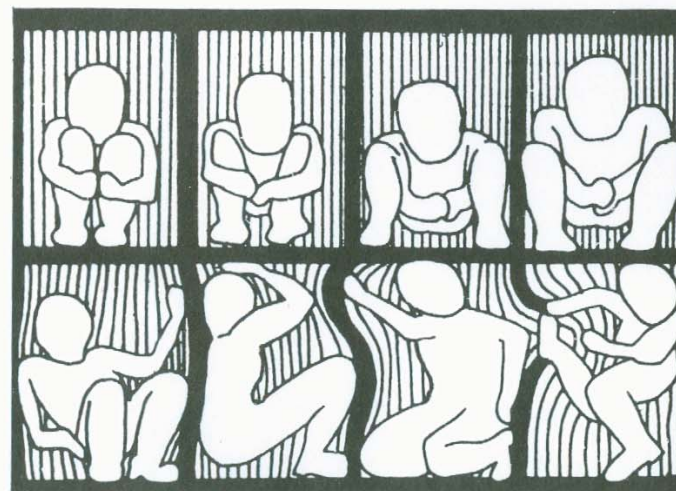
but the unhappened moment
is real blood.

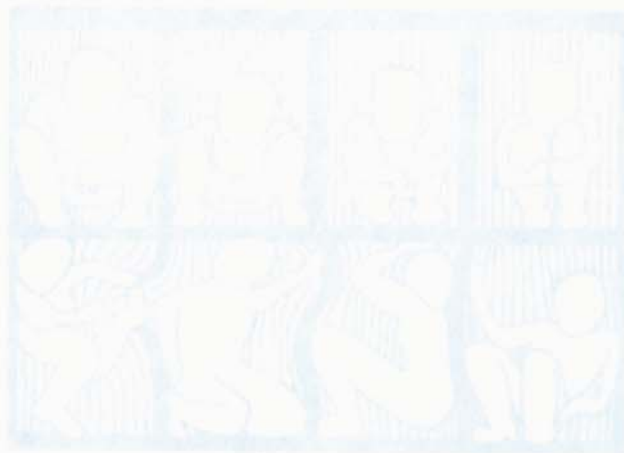
**I would rather be mad with the truth than
sane with lies.**

— unknown “mental patient,” c. 1970

**My participation in the mental patients’ liberation
movement began at the 1975 conference in San
Francisco. I walked into a room filled with 45
ex-psychiatric inmates. Upstairs in the same
building, 200 proponents of radical therapy were
discussing how crazy and frightening we were.
While they rationalized the use of leather
restraints and tried to out-Marxist each other, we
huddled together and wept and spoke for hours
about our pain and loneliness. My search for a
better therapeutic model was over.**

— Dianne Jennings Walker in *Phoenix
Rising*, 1980.





Lila

Margaret Gibson

(for my mother Audrey)

I'd like a glass of gin and tonic and a cigarette, oh, what I wouldn't give for a cigarette—outside a November wind howls through corridors of dreams, trees dancing dark in a dark night, no stars and a moon covered by clouds.

Fat chance that glass of gin and cigarette. Shhh—they're all gone to bed now, the light from the nursing station casts a pale light on me. Me. On the floor. Feet. Feet and ankles, that's all I saw today, ankles jutting out sharp and awkward, feel clad in blue slippers and brown slippers, pink slippers and paper slippers. The paper slippers made a shh-shing sound against the floor. Grey metal chair legs, thick square legs of the beds, white nursing shoes and this morning there was also the long grey hose of the circular hall vacuum cleaner.

"Whose bed is next I wonder? Whose bed will they take away next?" Ralph, joking at the breakfast table this morning. Oh yes, I am observant, wits concentrated to a fine point of—hate. "I think it's a sin the way they took away your bed," Lizzie's feet addressed me this morning. "You're a sweet girl, a good girl," I said but Lizzie was gone dancing up the long corridor. No matter, I felt a song coming and I began to sing "Oh The Lord Is Good To Me."

Tonight I place Dr Barr in a vat of acid, earlier today I hung him. It is Dr Barr who took away my bed. He told me that if I would just participate in OT and other hospital activities instead of lying in bed all day he would give the bed back to me. Explain, try and explain talking to a man that never smiles, never talks in more than a monotone, speaking the puzzled jargon of psychiatry. I tried to tell him that since he put me on the medication I am always tired, so tired that I can't button my blouse, my fingers fat and hazed over on the round buttons. I tried to tell him this before he left on his holidays; he said only, "Now Mrs Lawrence . . ." Fingers as helpless as a baby's.

(Dr Barr strolled along a sunlit beach in Bermuda. The sand was white. He was wearing a gaily-coloured shirt patterned in all the colours of the rainbow. His wife waved her arms at him and told him to smile for the camera. Dr Barr stood still on the beach, his gay shirt flapping around the middle and he smiled straight into the camera lens. The water was the most lovely shade of aqua.)

"When's Barr coming back?" I heard Lizzie ask Ralph this morning. I tried to find a more comfortable position on the floor, a listening position, as alert and sharp as a retriever. They were sharing a cigarette in the corridor. "In about a week I think. If it's a month it'll be too soon for me." "Truer words were never spoken," Lizzie said and she sucked long and greedily on the cigarette.

I studied the movement of the vacuum cleaner across the floor and wondered if any of this would ever end. Happy thoughts, I must think happy thoughts I told myself this morning as I tell myself tonight. Otherwise, they'll get you. Quiet in the dark and against the cold floor, I have little but memory to keep me company now.

(I'm back home, back and back in my mind, back home in the yard by the clothes lines, the side yard. I'm hanging up snow-white sheets, little grey pegs held between my teeth, the sheets smell of the summer sun. Anna, my next-door neighbour, stands in the yard with me, talking, her arms folded over her large breasts and when she smiles, stops talking for a moment and smiles, I can see

red lipstick on her front teeth. Her teeth are very white. I am young. Twenty-seven? Not all of my children born yet, only one, a little girl as bright and pretty as a new penny. Not quite two.) Wait a minute, I must keep track of words, meanings, Dr Barr would try and catch me up on that. "Mrs Lawrence," I can see him now, his arms folded across the grey of his suit jacket, his eyes cold like stone, his mouth self-satisfied. "Mrs Lawrence, can one be as pretty as a penny? Consider that for a moment, please." And I'd sit there in my old blue housecoat with the material fraying a little at the edge of the sleeves, feeling cold and foolish and trying to hide my varicose veins. "Well?" Tapping his pen. I would try to think, I would try very hard. He would look at me, a rude young man who stares, eyes flat, nothing to penetrate, no deeper layers than the surface. Finally he would break the silence. "Mrs Lawrence," accent heavy on the Lawrence, "Mrs Lawrence, shall we try again? Tell me what this means. A rolling stone gathers no moss. Now what does that mean?" "I don't know," I would say after a long while. "Don't get upset," he would say hearing my voice breaking on tears. "Try this one, maybe this is a little easier for you. People who live in glass houses should not throw stones." It means you, I think to myself but say nothing, my brain fat and hazed over inside my skull. Damn pills.

(Hanging sheets, snow-white under the bright sun. I can smell the raspberries from the raspberry bushes. I tell Anna that I'm going to pick some berries and make Martin a raspberry pie tonight. Martin. My husband. How handsome all the Fly Boys were in their uniforms, strong young soldiers, tall and lean, Martin was a bombardier, destiny at his fingertips. Waving and smiling. At Anna. Goodbye. Goodbye. I stand in the raspberry patch, my blue housedress flapping around my knees in the breeze, my brown hair long and silky over my shoulders. I pluck a raspberry from a bush and feel its sweet stickiness against my tongue and the skin of my fingers. I close my eyes under the hot afternoon sun, the world filled to bursting with the goodness of things, bushes scratching bare arms,

a robin sings.)

I hear the night-moans like a sigh through the ward. It is the weekend and there are not many here tonight, some tied into their beds and one catatonic man, Frank, who is fed by tubes and wears diapers, the world sealed off from him as if his brain is trapped in cellophane. Weekends are the worst time to be in hospital. The ones that have weekend passes sign the register, the keep-track book that binds them all between its black bindings. This signing-out feels like the eleventh hour to them, hurtling them pell-mell and headlong into that last and final hour. Lizzie marked off squares for tic-tac-toe today on the floor with a red pencil and Ralph and a few of the others, Edna and Mark, facing long fluorescent dead-heat and dull hours hopped on it. Magazines are picked up and not really looked at, tossed onto coffee tables unread. Some just sat and stared at the wall clock and Lizzie looked around her and then said in disgust, "The weekend! Christ save us from weekends!"

I tried to be good, I really did. I tried not to burn the evening's dinners and I tried to remember things—I have gotten so forgetful, the pie crusts burn, the meat underdone, I tried not to sing. The day Martin brought me here I was singing, loud and strong and the song came marching, bursting, thumping out of my throat. "Beautiful dreamer, dream unto me . . ." Rising and rising.

I'm crying now, tears against cold tiles. I don't want to sing, I don't want to forget but when I sing now it is the only time I am not afraid. I am . . . compelled to sing. Ha, compelled to lose my mind? Martin told me that people had begun to complain to him, that I was phoning some people eight, nine, more than nine times a day. "I won't do it again," I said but of course I had to. Martin feels I'm damaged with this thing, and that there is something shameful with the damaging.

(I am wearing a Joan Crawford-style suit. We all did back then in the years after the war, World War II; made our hearts swell. The shoulders raised and padded and I wore silk stockings then. My legs made a silky sound when I walked. And Martin loved it. And me: I try to be

pretty still. Sometimes at home I'd put red and yellow plastic flowers in my hair and rouge my cheeks up, two bright red moons of rouge on either cheek. But I would ruin it, I would sing at the dinner table or start praying, praying for all the worry to go away. All the worry this world has brought me, sometimes I wish my brain was sealed off like poor Frank's.)

Lizzie brought me chocolate pudding today. She squatted beside me and spooned it into my mouth. "Mmm, good," I said. The chocolate pudding was in a thick white bowl, some of the chocolate smeared my upper lip. "You'll be all right, all right," she crooned to me. "I'll try and get you another bowl tonight." But she didn't come. Lizzie never came.

"Move yo'ore legs now," the cleaning woman who was as dark as midnight said to me just before the dinner hour. I knew it was the dinner hour by the number of shoes I saw lining up outside the kitchen. I could not move a muscle. So tired. "Ma'am it pains me that you lie there so playin' the fool but I'm only doin' my job. Move your legs now or do I haf to get someone to move them fo' you?" The cleaning woman stood back holding the grey hose of the vacuum cleaner in her right hand, her left hand found her hip. "Now, does I haf to get someone or not? Move them like a good girl," she said.

(Girl. I was just a girl when my father died, a tiny child when my mother died but I was sane enough to know this afternoon that I am no girl. I have to wear a girdle now, my hair is greying and my breasts are sagging. Girl . . . I think of my father, of Daddy. Thank god they didn't lay him out like they did my mother. Wouldn't Dr Barr like to know about that! Hah! Two days my mother's body lay in the front room; the room was filled with the scent of marigolds. I was five. Or six. I can't remember which. To this day I cannot stand the sight or smell of marigolds. I forbade Martin to grow them in the garden. Friends and relatives moved past the coffin, bending and kissing her forehead and the smell of marigolds clung to their skin and clothes so that they smelled of the death even after they left. Murmuring.

Secrets. It was a shame-thing, my mother's death, those tucked-up and secret-shame parts inside holding a baby. My mother's sister, Ruth, never forgave my father, she said it was that that killed her. "Auntie, no Auntie, it was the pneumonia, please Auntie, the pneumonia." "There are those that say it was the pregnancy that killed your mother," her perfume hung heavily in the air, a bejewelled finger shook in front of my nose. I used to cry in my bed at night. It wasn't until my aunt hinted to me that my father had something to do with the pregnancy that I discovered human beings could rut like common alley cats. *Please Auntie, the pneumonia.* Funny, for years after that I couldn't look at my father's hands. And they were such kind hands. He died when I was nineteen. I was on the stairs headed up to my room when I heard it, heard a thump, it was an odd, thick, flat sound. He was on the floor bent over the newspapers. The funnies. Mutt and Jeff. I touched him, I touched his brow and then his back and then I smelled marigolds and I said, "Daddy. No.")

But girl? I am no girl locked into this tall and shiny hospital with tall narrow windows that gleam in the sunlight.

Just that. Daddy. No.

I remember standing on a kitchen table, a table with a blue oilcloth on it, my mother's head bent, hemming my skirt. "Turn around, let me see how pretty you are. Turn around."

I dropped a dinner plate that was my mother's, a beautiful dinner plate, a lattice work of design, blue against white. I thought my heart would break. Well, it's only a plate, you say? But mother and father scarcely had them when I was a girl.

"On your feet Lawrence, on your feet!" That was Rudy, an aide, tall and thin with a scraggly brown beard and thin lips. Rudy, this afternoon, frightening me. "I can't," I whispered to the floor. "What, what did you say?!" "She can't. Can *not*," the cleaning woman said, translating and happy to be useful. "Lawrence, Lila, listen. I'll tell you something and it's for your own good. Believe it or not I

am here to help you. Soon they'll be worried about you and stick one of those big IV needles into your arm and on account of you can't eat on the floor and you've been lying here two days and they're going to get worried, I'm telling you. And you know Frank, poor Frank of the IV and the diapers? Well, you'll end up like him, and we don't want that, do we?" Hateful, hateful young man, he was kneeling down close to me, his hot breath smelled of peppermints. But still, even though I don't want to end up like poor Frank, I could not move. "Dr Barr will be back before you know it and wouldn't he be happy to see you up and around eating meals and participating with the other patients? Oh, he'd be just so happy." I'm afraid I began to cry then. "It's okay Mr Rudy, I'll just clean around her." I guess the cleaning woman didn't want me to cry, actually *cry* on her account. Rudy, without a word, bent down and lifted up my legs. I wept and Dolores manoeuvred the vacuum cleaner under my legs.

It was then that they brought the new boy in, perhaps in his twenties, but me, I'm nearly 60 and anyone under 30 is a boy to me. He was spitting and cursing, straining against the arms of the attendants. And laughing. Everyone noticed that—the laughter. The last I saw of him was him being borne off all in white, laughing and spitting in the pack.

I thought about that, the new boy, my damp cheek pressed against my hand. It is like I am fastened here, to the floor and I can't get up. I expect I will die in this place. *Lay me out with marigolds.*

Four children, all under the age of seven. It was hard. And I never gave Martin a boy. And now of course it's too late, my insides are old and used up like an old inner tube sagging, old and used up and here . . . I regret . . .

The night nurse has just finished making her rounds, the pale beam of the flashlight shone in startled faces, keys jingling on her hip.

A song, a song wants to come, is coming but I know I would pay for that song. Too late, I think of a poem

Martin particularly liked. He used to recite it to me as we sat on the veranda in the cool and long summer nights, twilight stretching in miracles of light across green lawns. "When Martha Goes Walking in Her Silk Stockings." We would hold hands and dream with the night. And now I'm afraid, afraid, afraid because I'm not pretty any longer, face torn by worry, anxiety, lines of despair around a mouth that does not smile. I begin to sing, "Bye, Bye Miss American Pie!"

"Lila, Mrs Lawrence, stop that now! You're disturbing the other patients." I expected that, knew it would come, what I did not know would come was the second voice that spoke strangely in the dark. "No she's not." The next sound I heard in the dark was a gasp—coming from the night nurse's mouth. "What? What?" The song lost in my startled voice. I see in the shadows the new boy's face, he is standing behind the nurse, one arm locked tightly across her throat, her breathing laboured. "Don't scream and you'll be fine. Just fine." I'm afraid. "Took the Chevy to the levy but the levy was dry," the song coming unbidden from my mouth. He does not seem to notice. "I want your purse and you're going to unlock this door for me and the lady on the floor. You understand?" Yes, yes, she nods frantically, she understands, streaks of breath in the half-lit regions of the ward. "And you," he points to me, "you're coming with me." "What the hell," I say to him. "I'll do anything to get out of here." And he laughs, a strange sound in a place like this. Holding onto the wall I stagger to my feet, muscles aching, my body dead-weight. "Name's Dave," The Boy says. "At Penetang they called me Daffy Dave, didn't like that then, don't much like it now." Muscles aching, my eyes trying to focus in the dim light, I say, "You don't look daffy to me." "Good, good. Now you hang onto that wall there, go a little ahead of me, you're my hostage, as it were." "I sing, I forget things all the time, I pray when I shouldn't, I like to make long distance phone calls . . . you won't get along with me." "Come on, come on, walk—I like your singing by the way," he says. "Thank you." Crab-like I move slowly along the wall towards the door at the end of the

ward, the night nurse with The Boy pinning her arm behind her back, the other across her neck, move slowly behind me toward light. The keys jingle but are no longer hanging from the night nurse's hip. We halt momentarily at the nursing station where The Boy begins to quickly rifle through the nurse's purse, her face ash in the light, ash from fear. I feel brave. "I should put you on this damn drug," I hiss at her. "Don't hurt me please, please don't hurt me, please, please, oh please . . ." "Don't worry, what you and all the other nurses did, what Barr told you to do, I wouldn't do to my dog." "Seventy-five bucks and some change, that's what we got—Lila, ain't it?" "Yes. Or Mrs Lawrence." "I'll call you Lila, suits you." The Boy pockets the \$75, tosses the purse to the floor and then we are by the door. I hang onto the wall, The Boy unlocks the door, my heart pounds—a step beyond are the elevators.

In the elevator The Boy holds tightly onto my arm. "I want you to know I thought I would die in that place, be laid out with marigolds." "Yeah, sure, but just don't try anything funny." "Oh I won't, I don't mind being a hostage you see." "Then maybe I don't have to hold onto this arm, right?" "Maybe not, but if you just would, it will steady me." "You are a bit nuts, ya know." "Maybe." The elevator doors open and beyond that are the large double glass doors, the night just a step beyond, dark, flat against the glass. "Born free, as free as the grass grows . . ." "Lila, Lila if ya could just not sing for a minute, eh?" he whispers in a near panic to me. "Oh, of course, I forgot, you see." "Fine, fine, just don't forget again." And we are into the night.

"Look, there'll be taxis out here somewhere. They always have some for the nurses that don't like to walk home at night. Imagine that." "Imagine." He holds onto my arm. I am wearing my blue housecoat over my pale blue pants and a red sweater that could do with a washing. I am glad, for once, that the hospital staff insists that most of the patients get dressed every morning. "You seem like a nice young boy," I say just before he knocks out the cab driver.

"Did you have to knock that nice man out? It seemed a

bit—well, violent to me." "Not to worry, Lila," and he stuck a cigarette in his mouth and passed one to me. I could taste it before the smoke had hit my mouth. He guns the motor and we are off. "You know, dear," (I always call young boys dear) "I've wanted a cigarette for two days, more than anything at all and a glass of gin and tonic would be nice too." I watch his hands on the steering wheel. Stars skim over the windshield, the moon broken through the clouds. "Listen, Lila," he says, the cigarette stuck in the corner of his mouth, "I've been in joints all across Canada, some good, some so bad ya can't believe. Remember now, I was in Penetang." "Penetang . . . Penetang, sounds familiar . . ." "It should. It's a hospital for the criminally insane—boo!" " . . . somewhere or other, yes, I heard that somewhere . . ." "I was there for five years." "You have the most refreshing laugh," I say to The Boy, "how could anyone with a nice laugh like yours end up in Penetang, I want to know." "Just—things. I think you're nice too Lila, a real lady." "I try to be." I suck hard on the cigarette. I wonder if I should be afraid of him but I am not. Here, in this car, I lean back against the soft upholstery. In the hospital I lay on a cold, hard floor and the cigarette tastes terrific after two days without one. Inside the hospital I was surrounded by maniacs—they said we were sick—we had to be . . . contained. Out here I watch the stars skim over the windshield; what's one more loony more or less? I watch The Boy drive the car, his hands on the wheel, twisting the wheel this way and that. "Maybe you'll just get that gin and tonic," The Boy says as we drive into the night.

"Where are we going?" I said after we had been driving about an hour. "Toronto, I got business there." "You're in business? How nice." "Yeah, sure. And then maybe we could get you a gin and tonic." "A nice boy, a nice boy," I say. "Why do you sing, Lila? What makes you sing?" I study his profile in the dark; the car clock says it is now just after two o'clock. He has a wild, dark beard, wild like an eccentric professor's beard might be, his nose is large and his hands are very broad as they lay on the steering wheel. "I'm not too sure dear, except that when I sing I

feel brave and this is a hard world to feel brave in." "You're right on there." "Please tell me what you did to land in a hospital for the criminally insane. I mean, I am your hostage and if you should want to kill me, I assure you life does not hold that much pleasure for me any longer, and if you plan to rape me let me warn you too, these old insides are old and used up, a sagging inner tube really. I won't scream no matter what it is and I'll try not to sing." "Ah Lila, I think ya got a good voice." "Thank you, but now—what did you do?" "They say I robbed a store and shot some people up in the store—didn't kill no one but wounded them, ya know? And I had all this money on me when they caught me and I don't remember none of that and so they put me in that Penetang. They said I was a manic—manic-depressive." "Well," I say, "they say I'm a manic-depressive too." "Really," he seems delighted. "Lila, you an' I are going to get on just fine." "I never doubted that." And I lit another cigarette.

I woke up around dawn, grey light stealing in the windshield, we're on the outskirts of Toronto. "You snore, Lila," is the first thing The Boy says to me. "Do not." "Do too. Shut up if you want that gin and tonic." I shut up. "Listen, you know they're looking for us. I dodged a couple of cop cars last night, it was pretty damn close, I'll tell you." "What will happen when they do, if they do?" "I guess they might shoot, or maybe send me back to Penetang again. They might be lenient, right? Since I haven't done much of anything in years that they knew about." "But I don't want them to shoot you. Why, you know what one of the tragedies of my life is? That I didn't have a son and I would hate to see a young boy like you get in trouble, young, like my son might have been if I had had one." "That's really nice of you Lila." "You smoke too much," I say as he grinds out his third cigarette since I awoke. "Some people sing when they're scared, some smoke," he says and smiles. "You have very nice teeth." "Really? No one ever told me that, nice teeth—what do you know?"

The dawn breaks full as we head into Toronto.

"Here. Comb your hair—a few minutes ago I saw

another cop. We're going to go into that restaurant there. Quiet now, blend in." "I love Diana Sweets," I say when I see the restaurant he is referring to. Downtown Toronto, people like a small sea surging along the sidewalk, the morning sun bright. I comb my hair and wish I had a purse and a compact with me, rouge, I really do need rouge. A police car slides by and we are out the doors of the cab and in a moment are lost in a sea of people.

We sit in the faded elegance of Diana Sweets. We sit drinking cocktails, the lights in the little lamps on the white linen cloth flickering, the white linen cloth crisp and gleaming stretched across the table, thick carpeting under our feet. Diana Sweets is crowded with shoppers, bags of dresses and blouses, little boxes of jewelry from Eaton's Centre, the smell of wet fur coats from a sudden November rain, kid gloves laid across tables, boots eased off feet, weary feet stretched under tables, and a collective sigh from the shoppers.

"This is nice. This is just lovely," I say as I order another gin and tonic. "You know they're gonna catch us, don't ya Lila? You saw that cop car as well as I did." "I'd like to stay here forever, just here, right in this chair with a gin and tonic in my hand and, oh, just like everyone else." "You know Lila, you know, admit it." "I might have one of those little cakes that they bring around on that lovely dessert tray."

"Lila, listen to me dammit! I just saw another couple of cop cars out there, they're gonna move in." "I am listening and I wish that girl would bring my gin and tonic. Oh wait, here it is. Thank you. Now listen, we won't panic, we will be brave about this, do you understand Dave?" "I'm scared Lila." "Don't be scared, let's sing."

And so we are singing when the three policemen come through the door, their guns drawn, all the shoppers' heads turn at once towards our table, startled, watching as the police move in, and the song comes loud and strong marching, bursting, thumping out of our throats. "Beautiful dreamer, dream unto me . . ." Rising and rising.

Good Old "999"

Evelyn Parm

Evelyn is a woman in her seventies who lives in a Toronto nursing home. She has endured over twenty re-admissions to Toronto's Queen Street Mental Health Centre ("999"). During her re-admission in 1977, Evelyn was labelled financially "incompetent." Thanks to her own struggles and the help of Carla McKague, Evelyn won her appeal against incompetency and was released in May 1978. This personal account deals with some of her experiences on PG-2, a psychogeriatric ward. It is based upon some notes she wrote while incarcerated.

November 2, 1977: Punishment—not treatment. No medication. In pyjamas. Moved from a four-bedroom to single room, then back to four-bedroom. Reason: a belligerent maid. She left my door unlocked; someone pushed it open slightly and then closed and locked it. The maid blamed me for locking the door and threatened to strike me. I have since learned she is a nurse.

November 7, 1977: Newspapers. I think that the daily newspapers are paid for by the government of Ontario and delivered for the patients. Not true. They are first read by three shifts of ward staff who may then give them to the patients. When staff deliver the paper to a patient,

items of special interest to staff have already been removed. The paper is usually handed to the patient in a disorderly state with many pages missing, upside-down, inside-out—26 pages were missing four days ago. The staff are financially able to buy the papers—I am not. I contacted the *Toronto Star's* circulation department to request that they deliver the paper directly to me, but I'm told they're not permitted to make such a delivery.

Food, Meals, Staff, Etc. Staff not only take the choicest dishes, but also "repeats" if they feel so inclined. I've seen some staff steal food. Possibly they take it to their own sitting rooms for snacks later, or to their homes.

Recreation, OT and Ward Activities. The program appears well-organized—on paper. It seems there are seventeen different activities on the timetable. So far I have been able to attend only one on Thursday—Bingo, which is very boring. I have never seen anyone swimming in the pool. I personally would enjoy swimming, crafts, sing-songs, cooking, the Green Thumb Club and whatever else. Possibly I just do not have the "privilege" of enjoying these facilities and activities, but for me they're non-existent.

The Hospital. If alterations are ever made to the present unfinished Centre, may we please have quiet rooms? The patients here must get up at 6 am and go to bed at 8 pm. That's a period of fourteen hours. During those fourteen hours, approximately one hour is spent in the dining room in three different twenty-minute periods. During the other thirteen hours, we are herded like sheep into sitting rooms. There is nowhere to go to escape violent patients, to relax, to write letters, or maybe just be quiet.

November 8, 1977: *Delivered to the Nursing Office.* "Will you please delete two incidents in your records charged against me? One: I do not smoke tobacco. I have lit many cigarettes for other patients and I've been accused of 'bumming' cigarettes. I stopped smoking in 1935. Two: Your records indicate that I was in a four-bedroom. I was then transferred to a single room. I was accused of locking the door from the inside. Such was not the case. I never

touched the lock, nor the door. Someone in the hall opened the door from the hallway and then it closed quickly and automatically locked. I was not questioned about the incident but was immediately transferred back to another four-bedroom. That is similar to hanging a person for murder without a trial."

November 15, 1977: *Privileges and Treatments Denied.* I brought my own medication to the hospital, but it was confiscated and I was in severe pain for a long time. The medication has recently been returned to me but not administered.

Medication Attention. The staff psychiatrist assigned to the ward told me he was not my doctor: "I want no part of you."

Clothing. My personal clothing was forcibly taken from me when I was admitted. I have worn pyjamas, housecoat, and slippers for eighteen days now. Is this a form of punishment?

December 11, 1977: "It is my understanding that I may be provided with a Duty Counsel. May this service be arranged for me at an early date. -Evelyn."

December 26, 1977: *Legal Aid.* On December 22nd, I asked the nurse-in-charge if I might have legal aid counsel. I handed her my request in writing. Subsequently, my social worker, Mrs C, visited me. She told me that I must get my own lawyer and suggested I call Parkdale Legal Aid [a community legal service for low-income people in Toronto]. I called and a law student told me that I could only have a student help me. I replied that my problems called for a lawyer. She then read me the names of some lawyers she thought might help me, but the ward here is so noisy that I could not hear the names she was giving me, so we ended our conversation.

I asked my psychiatrist about my legal status in the hospital. He told me he did not know . . .

I called York County Legal Aid on December 21st and spoke with Mr D [the Legal Aid Area Director for

Metropolitan Toronto]. He told me he would send an interviewer.

Mr A, the interviewer, came to the hospital on the afternoon of December 21st. After speaking with me, he said it would be necessary to establish my status with someone in the hospital, preferably the nursing supervisor or my social worker, Mrs C. I was allowed to be present while Mr A spoke with Mrs C about my status. They finally established the fact that I am "informal" [a voluntary patient]. My psychiatrist apparently did not know that. Then, Mrs C went into minute detail about my personal situation. I was so humiliated that I cried and ended up being very upset.

I learned that while "informal" I should not be on a locked ward and should have "out" privileges at all reasonable times. Now, I'd like answers to these questions:

Why was my name not placed before the Legal Aid interviewer at a much earlier time? I had complied by stating my financial position and submitting the names of three lawyers. Why am I being held on a locked ward if this is not consistent with my status? Why am I not receiving medical assistance? [Evelyn never received satisfactory answers to these questions from the hospital staff or Legal Aid.]

I have suffered from arthritis for eight years and had been receiving medication all this time (until my admission) to relieve the pain. I have a urinary condition that has been reported to the nursing staff on many occasions. In the past few days I have also developed a condition in my right foot which I have reported to the nurses. It is badly swollen and somewhat painful, yet I've received only bandaids for this.

January 5, 1978: Handling of Patients. Patients are handled, fed and moved about roughly. Elderly patients who do not walk well are pushed and forced to walk faster than they are capable of. They are forcibly placed in their chairs instead of being allowed to sit down at their own pace.

Many are spoonfed. Sometimes, staff push spoonfuls of

food into the patient's mouth without allowing the patient time to chew or swallow. Patients also suffer accidents, mostly falls. One old woman fell out of a high hospital bed twice in two weeks, and she had to be stitched up each time. Staff later moved her to a low bed.

January 7, 1978: Staff. Patients are forced to go to bed at 8 pm. Most are given medication to help them sleep, including myself. I get to sleep by 8:30 or 9:00, but I'm awakened at 11:00 by noisy staff at "shift-change." This morning I was awakened at 2:20 am by unnecessary and excessive noise from the staff immediately outside my room. One opened the door and shouted, "Aw, shit!", then closed it.

Nurses shout at us patients in a tone similar to the boss of a chain-gang. The "nursing care" is different from any other I've experienced—no tenderness, no kindness, no quiet manner or tone of voice.

January 9, 1978: Geriatrics. That is my category. And it seems it is the end of the line. I do not have a dictionary available and do not know exactly what qualifications are needed to attain this category. Here in the hospital, though, any patient over 65 is called a "geriatric." As a "geriatric," it's assumed that I have lost all interest in living and even the capacity to think. This is extremely discriminating and dehumanizing. I protest! I am a human being! Or so I have always believed . . .

Delusion

Doreen Buss

The depth of hell with rotting walls and demon souls
Scenes of horror fill one's mind, an untold play unfolds
Grasping fingers claw and scrape, crying for release
Wrapped in shock, coil and wire, treatments, never cease
Torture sealed in woven cloth, confined and tightly bound
Fighting through the fog and mist, afraid of being found
Lost and found, hide and seek, a game of wild confusion
Where madness is the player's stake and winnings,
a delusion.

The 33 Years Of The Lost Indian Walk

Lionel Vermette

Lionel Vermette is a Mohawk Indian living and working in Toronto. He was incarcerated and treated in many psychiatric institutions for roughly 30 years. This story is about some of his inmate experiences in Selkirk, Manitoba and Toronto.

As a child, I was severely abused. At seven, my stepfather slapped me. At ten, he made me dig my mother's grave soon after she died. At thirteen, he raped my stepsister and shot me with a '22 rifle.

In 1951, when I was nineteen years old, I ran away from the Camperville Reserve in northern Manitoba. If I hadn't, I would have died. About a year later, I went to Winnipeg and started drinking. I drank to forget my stepfather's violence, my fears and my resentments.

In September 1952, when I was 21, the police picked me up at a hotel where I was drinking and took me to the psychiatric institution in Selkirk. That was the first of over 70 hospital admissions during the next 25 to 30 years.

During my first incarceration, they labelled me "schizophrenic" and "psychopathic." I was forced to wear "baby dolls"—the kind many prisoners wear. They also gave me insulin shock and electroshock. In Selkirk, I refused to

conform to what the white majority staff wanted. The attendants responded by ridiculing me. They'd say things like, "Indians are all alike." I finally exploded and tried to fight back. I paid the price.

To get back at me, the staff gave me the cold wet pack treatment. They tied me up like a mummy, held my nose while they poured water down my throat so I couldn't swallow. They'd ask me if I'd had enough, and when I said no, they'd just keep me in the pack. I was in the pack for an hour or an hour-and-a-half for many days. Then they put me in a warm pack. Why did they use the pack on me? "Indians are violent."

I still refused to co-operate. Whenever they asked me to do something, I said, "No, I don't want to." On the ward, there was no such thing as "I don't want to." They continued to ridicule me. "We looked after you before the Indians did," they sometimes told me. At this point, I knew I wasn't welcome in white society. I stood alone.

Sometimes the guards beat me when I refused to co-operate. To cover up, they'd claim I had said things which I hadn't. If I told the head nurse the truth, the guards would threaten me with more beatings, so I lied to the nurse. That's what Selkirk and all the other psychiatric institutions taught me—to lie and manipulate.

Then they gave me twelve or more shock treatments. When I asked them why, they told me I had a "schizophrenic complex" or "schizophrenic tendencies." But I knew I wasn't "schizophrenic" and never was. They also gave me shock to forget: "We'll give him shock treatment so he'll forget he's an Indian." Amazingly, most of my memory came back—about 90 percent, but for a while I was afraid of being electrocuted. I was still not getting any treatment for my drinking.

After fourteen months in Selkirk, I ran away. About a year later, in 1953, I went back to Selkirk because I was afraid of the outside and had nowhere to go—not even to the reserve which used to be my home. When I returned to the institution, a psychologist told me my problem was alcohol, which I already knew. They started giving me

paraldehyde—a very powerful chemical which makes you high. I also started going to AA meetings.

A few years later, I ended up in Toronto. During my fourth or fifth admission to Queen Street Mental Health Centre, the psychiatrists treated my drinking with an "aversion test." They'd give me a needle and ask me to drink glasses of beer, which *they* ordered. Dr Jenny tried to convince me that the beer was actually coal oil. I drank the "coal oil" anyway. I felt like a guinea pig in an experiment. They didn't tell me it was an experiment—they just said, "This will cure you." I resented their head games; managed to drink more beer outside of the hospital, but was still afraid and rebellious . . . In Queen Street, the psychiatrists wrote these words in my chart: "hopeless, helpless, alcoholic." They finally kicked me out and told me never to come back.

In 1961, and later in 1979, I landed in Lakeshore Psychiatric. In Lakeshore, I learned the difference between alcohol and pills. They gave me Valium and I stayed stoned on it. They gave me other pills such as Ativan, Librium, and chlorpromazine—a pill to go to sleep, a pill to wake up, a pill to eat, a pill to be "happy." I once asked the psychiatrist, "What is happy? What is it? Give me the definition of happy." So he said to me, "Well, you're not a social drinker." I told him, "No, I don't believe I am but I'm not a nut case either."

I once tried to explain my real problems to a psychiatrist, especially my fears and anger. I used the example of a test tube. "There is no alcohol in it and I have all this fear. I put a little alcohol in it. My fear is diminished. My depression becomes rosy. The pills that you gave me don't work anymore. So, I pour in more alcohol. It takes away my resentment against my step-father. It takes away the fact that he shot me. It takes away the fact that I'm a no-good person, because I've been told that by psychiatrists. So I pour more alcohol in. I don't care whether you like me or not."

Since 1984, my last admission, I've been free, a helluva lot happier, and off booze for almost a year. The psy-

chiatrists tried to make me into someone I was not. The psychiatrists tried to put me down by labelling me "schizophrenic," "psychopathic" and "violent." The guards attacked my Native identity. They all failed. I'm not a bad person. I'm not violent. I'm an Indian, a good Indian, and I am very proud.

Them Crazy Indians

Vern Harper

Vern Harper is a Cree Indian and grandson of Hereditary Chief Mistawatis. He lives in Toronto, is co-founder of The Wandering Spirit School, the author of Follow the Red Path: Native People's Caravan (NC Press, 1978). In the 1960s, Vern was incarcerated and forcibly treated in two psychiatric institutions in Alberta. Excerpted from Just Cause, 1985.

Psychiatric treatment is tough enough for people who are not Native, but it's much harder for Native people because of the racism. The psychiatrists don't really know that much about Native people, Native spirituality. And, of course, a lot of them unfortunately believe the stereotypes about the Indian. So, as a patient, you're really up against it.

One of the myths is that you don't give Indians a pass because they'll never come back; they'll go out into the woods and you'll never see them again. Others are that they're lazy, they don't want to work, that all of them are alcoholics, and that the women are promiscuous.

My story is a story of discrimination. This is my own personal experience, but stuff like this has happened, though, to many Native people.

I was committed for a 30-day observation by the RCMP around 1967. A 30-day observation, and it took me two years to get out of that place! When you are in places like

Ponoka because the RCMP brings you in, they assume you're guilty and that's it. I was treated like a maximum security prisoner.

Why had they brought me to Ponoka? The woman I was going with and myself had had—what do you call it?—a domestic quarrel. We started drinking; a fight broke out, and she got cut in the face. I decided I wasn't going to be with her anymore. So, she charged me with maiming her. Later, she withdrew the charge because it wasn't true, but that was enough for the RCMP to lay charges and to take me in. At the time, I was suffering from epilepsy, so my drinking wasn't helping that any. When I was arrested, I wasn't given any treatment at all. I was kept in a cell, so I had a seizure. When I was in seizure, they declared me dangerous and signed papers for me. When I came before the magistrate, they said I was unfit to stand trial. And so I remained, confined. I maintained that I was innocent all the time; I maintained that I shouldn't have been there. They responded by drugging me. They gave me heavy doses of quantities of phenobarb, Dilantin, and when I wouldn't take them, they would strap me down and give me Paraldehyde—a heavy smelling drug. This went on for two years.

I was fortunate that they had one doctor there, an East Indian doctor, Dr Law. He was the only ally I had when they wanted to give me shock treatment. See, I had just been in a car accident, and I had been a professional fighter. Dr Law felt I had had enough: I had a head injury from a car accident that triggered off epilepsy; I had heavy problems with alcoholism. Shock would make me worse, but all the other doctors and the staff wanted to give me shock. They said it would make me easier to handle; they said, "This Indian is too hard to handle." They liked docile Indians, and I was a "renegade Indian." At one time they had me strapped down for shock and Dr Law came in just before they pushed the button. I was in place. I was all ready. That was in '68.

They gave dry shock in those days. I'd seen them. I would see them going in for dry shock and coming out. I heard the yelling and everything. It was terrible how

people suffered after dry shock.

Native people were forever being prescribed shock and it was just done. Like they didn't have any choice or anything. They just said, this Native person's going to have shock, and that's it.

When I was told that I was going to have shock, there was no say. It was only that I was fortunate to have this one doctor who was against it. He had very violent arguments with the staff. He said that I was his patient and he would not recommend shock for obvious reasons—that it would not benefit me and might even make me worse. He felt that I should never have been at Ponoka.

I was in maximum security; locked up the whole two years I was there. And the whole two years, they used psychological warfare on me. They said that I never was going to come out. They did that to a number of people who were committed. The staff would taunt you. They'd say, "Chief, you're never going to get out of here." There were other names they called us that showed their discrimination too. They'd call us "bows-and-arrows," "wahoos." They'd ask, "How are the bows-and-arrows today?" The doctors would never do it in front of anyone but the attendants would do it quite a bit.

There was worse racism than this, though. Like, if some of us Indian men would sit together, they would come and talk to us and actually ask us to line up Indian women for them. They asked us to become pimps for our own women. They had utter contempt for Indian women—just something for the staff to have fun with. They wanted us to get some Indian women in the hospital so that staff could have sex with them. Of course, no one ever co-operated. They still get to Native women, though. There's what happened to Riane.

The incident with Riane happened at the Edmonton Hospital in Oliver. Riane was suffering from a nervous breakdown. She went to a Medicine man and things were improving, but she wanted to get better right away. So she decided to go to the psychiatrists instead. I remember talking to her. I said, "Riane, they're not going to help you . . . I'm speaking from personal experience." But

other people were advising her to go—"Oh yes, they'll help you." She went and they committed her. On the way from one part of the building to another, the two attendants that were with her—this was at seven o'clock in the evening—raped her.

It was three years ago in the '80s. I learned about this from my friends who went to visit her. When they complained, the staff just said that she was "hallucinating" and threatened to give her more medication.

I know of other Native women who were raped by staff too. The atrocities would happen on the afternoon shift or on the late-night shift, when the doctors were not around.

Anyway, what with all this discrimination, Native people would try to stick together and protect each other as best we could. That was a form of resistance. The staff responded to resistance with shock. When Native women were given shock, staff said that it was good for them because of their breakdowns. But most of the men that got shock were like me. We were considered "troublemakers" because we resisted. Shock was supposed to quiet us down, make us easier to handle.

Wet towels was the other way they had of quieting us down at Ponoka. It would always happen in the late afternoon when less people were around. The attendants would come in with wet towels and work people over. What they would do—'cause I'm a big man—they'd put me in a cell, say "strip," and if I didn't strip, they'd force me. So I would strip and then they'd have these wet towels, and they'd say, "Are you going to give us any trouble?" And I would say, "Go fuck yourselves." Then they whacked me. They would hit me on the back, the buttocks, and sometimes in the groin. It really hurt. I had it done to me two times. That was just to show me who was boss.

I came out of Ponoka in '69, and when I came out, it took a lot of adjusting. I had become addicted to Valium while at Ponoka. I found myself with serious side-effects and withdrawal symptoms. So I committed myself voluntarily to Edmonton and stayed there for four months. They had this group called the White Cross that visited

me in Edmonton. They respected my Nateness and they helped me. The Edmonton staff looked up my records and said that they couldn't believe the hard things that had happened to me at Ponoka. They wouldn't go on record though.

When I got out of Edmonton, at first I didn't even want to think about what had happened to me at Ponoka. Most of us Native people just wanted to put it behind us. We figured that because of the RCMP and everything, what's the use? I've been more active since then, but that's a whole new story.

What's the answer to this discrimination? What has to happen and what is happening is that there has to be Medicine people and people like myself educating these hospital staff. We have to sensitize people to our culture, to our spirituality. Otherwise, the racism will continue.



Nightmares In North Battleford

Bill Bartram

Oh, this is a nightmare world
Nightmare days and nightmare nights
Nightmared dreams and nightmared sights
Nightmare fantasies and nightmared delights
A world like this could never be
Except for the nightmare and me
Weird, unreal, unhappy, weirdly
If I had dreamed the world it wouldn't have been like this.

These are unhappy dreams I don't want to believe in
There were happy dreams
But they aren't real now
Hardly remembered dreams which hardly belong to me
But I belong to them

For in this dream of happiness I would be myself
but nothing seems good enough
and answers about myself
Come like nightmares, from my nightmare shelf

Will there be a time when I will be happy
As long as I wish for one I will live
But I don't understand the nightmare world
When things come out of the nightmare world
There are nightmares of nightmares guarding nightmares

But I'm convinced I am
They know who I am
Except for the nightmares
I have to live
Which are not part of myself.

The first principle of nonviolent action is that of noncooperation with everything humiliating . . . Civil disobedience is the inherent right of a citizen . . . to put down civil disobedience is to attempt to imprison conscience. Civil disobedience is a sacred duty when the state has become lawless, or . . . corrupt . . . There is a power now slumbering which if awakened would do to evil what light does to darkness.

— Mahatma Gandhi, "One Hundred Sutras," in *Mahatma Gandhi: His Message For Mankind*, edited by Haridas Chaudhuri and Leonard Roy Frank, 1969.

The most violent element in society is ignorance.

— Emma Goldman, c. 1900.

3





Psychotreatment

Roger Caron

Roger Caron is an ex-inmate who resisted prison authority and abuse while incarcerated for over twenty years in thirteen different Canadian prisons. He was finally released from Collins Bay, a medium security prison in Ontario, in 1979. Roger is also an outstanding and powerful writer; he is the author of *Go Boy!*, which he wrote while imprisoned, and *Bingo!*, a gripping account of the Kingston Penitentiary riot in 1971. In the following excerpts from *Go Boy!*, (Mc-Graw Hill Ryerson Ltd., 1978) Roger describes some of the forced psychiatric treatments he experienced in Guelph Reformatory in 1956 and Penetang in 1962.

Guelph, 1956. "Roger Caron," boomed the authoritative voice of the Captain. "This is Dr Bonin. He's going to be our new resident psychiatrist in charge of our new psychiatric ward. So happens that he has an interesting proposal to offer you, one which you can accept or refuse."

Smiling amiably and speaking in a low, controlled voice, Dr Bonin mapped out his expectations of me. They boiled down to this: in a locked room on the psychiatric ward, there was this experimental gadget of his and he needed individual personalities to try it out on. Twice a week the treatments would take place, for a period of two months. He already had selected guinea pigs who were regular patients of his on the ward, and he wanted a

defiant rebel to cap off his brainchild—me!

Fearful of the unknown horrors that might be lurking for me at the hands of Dr Bonin, I backed off a few steps and muttered softly, "You're not getting me on some bug ward so you can stick some wires in my head." As always when I became emotional I could feel a red hot flush turning my cheeks a livid red—a cursed condition of the flesh which I considered a betrayal, because it made me look the seventeen-year-old that I was and an easy target. "Besides, why should I volunteer?" I added belligerently.

"Ah, yes! Yes indeed; why should you volunteer?" pondered the doctor, tapping his walking stick against his chin. "Well, first of all, the superintendent of this institution has promised to suspend indefinitely this terrible corporal punishment you are about to undergo. Secondly, at the end of the experiment, he says that you will be reinstated into the inmate population with your full privileges restored. There is also another factor here; your obvious instability, which I find most interesting. If you will meet me halfway, I do believe that I can bring you peace of mind—no more inner conflict; no more fighting with the administration. It's all up to you."

Head bowed in thought I struggled to come to a decision, torn between telling him to go to hell, and truly wanting to reach out for the peace of mind he was offering me.

Harshly interrupting my thoughts and pushing his big belly further into the bullpen, Captain Nicholson barked out, "Well, what is your choice going to be?"

Casting my mind's eye down into the Limbo Room deep in the catacombs of the prison, passing over the long leather paddles hanging on the whitewashed walls, lingering on the shackles and the restraining belts, I had a visible shudder as fear gripped my heart. Raising my head and staring helplessly at Dr Bonin I nodded agreement with his proposal.

Removing the handcuffs, the Captain had the last word as he warned, "Just remember, Caron, the paddle has only been suspended; one wrong move while you are in

this gentleman's care and it's going to be your hide. Understand?"

I understood only too well.

The new Psychiatric Unit was a showplace and had only been in operation one month before I was recruited. Although it had the capacity for holding 30 patients and accepted patients from all the regional provincial institutions, there were only twelve of us on the ward. Dr Bonin wanted to keep the number down for the first few months so that we could get used to the staff, especially the female nurses, and vice versa. There would be only one uniformed guard on the ward. His job would be to unlock barriers. If he had a problem all he had to do was to press one of the many panic buttons to summon the goon squad. This was the only part of the prison that hired female staff. That was quite a switch for guys like us to get used to, especially since most of the uniformed nurses were young and pretty—that is, except for the boss lady, Miss Carter, a regular old maid, hard as nails, whose favourite vocal utterance was an emphatic "No!"

After ten days on the ward, I was still not called upon to act as sacrificial patsy for Dr Bonin's experimental gadget, and so, with my defences slipping, I was starting to feel really good about the bargain I'd struck. Very little was expected of me on a daily basis, except for submitting to a battery of personality tests, giving interpretations of what I saw in ink blots, drawing sketches of what my father and mother looked like to me, putting puzzles in order, etc. All of which took about an hour a day.

Things changed drastically on the eleventh day. The main event was about to take place. Four of us were seated on a wooden bench just outside of a locked room, waiting nervously to be called in one at a time. Everybody stared at their feet, much too tense to make small talk, imaginations running amok . . .

By then I was really spooked, but when I was called into the room I tried not to show any emotion or curiosity; I sure as hell did a lot of looking all the same. It was a large windowless laboratory crammed with all sorts of elect-

ronic equipment, medical instruments, and an operating table under a powerful lamp. Strapped to the table was a canvas sack the full length of a man's body with a heavy-duty zipper running from head to foot. Standing at one end of the table was the doctor, fiddling around in a preoccupied manner with a rubber oxygen mask and some dials attached to two cylindrical tanks. His secretary sat a few feet away from him on a high stool, poised with a note pad and pencil. Efficient Miss Carter stood at the door with a stethoscope around her neck. What chilled me the most were the six burly guards deployed around the bed, flexing their fingers and staring fixedly at me.

"Remove your slippers Roger Caron, and climb up on this table," said Miss Carter in a no-nonsense tone of voice. "That's it, now lie down into the opening there, arms at your side. That's it. And now just relax."

She then zippered the bag all the way up to my neck. I was in a straitjacket. At a nod from the shrink the uniformed guards reached and gripped firmly various parts of my body in such a way that I was unable to move. Completely immobilized and at the mercy of what I now believed to be a deranged headshrinker, I started sweating and cursing at the choice I had made weeks earlier.

My eyes widened as the mask descended toward my face. Licking my parched lips, I tried to remain cool, still cursing myself for being so trusting. The mask clamped firmly over my mouth and nose. Suddenly I found that I could not breathe!

Thinking that the doctor had goofed and that I was about to suffocate, I tried communicating my panic to Dr Bonin with my eyes, but his face remained impassive. Then I heard the ominous hissing of gas and still I couldn't breathe. Horror-stricken, I started thrashing about while the hands that were gripping me squeezed more tightly than ever. There was an eerie buzzing in my ears like an angry horde of wasps trying to chew their way into my brain. And I still couldn't breathe!

My struggle was now taking on a new tempo as a peculiar source of strength began coursing through me, making me feel as powerful as the Almighty Himself! The

arteries in my neck were swelling to bursting as I exerted even greater force than the hands that were holding me down until it felt like something was going to break. Even through the thick canvas, I could sense their awe and fear as I tossed them about like corks on a rough sea.

Now, the faces of the doctor and Miss Carter were getting all hairy and the room was spinning around in a maddening circle and I was being engulfed by a big wave as thick and dark as molasses, a wave that was carrying me off into the shadowy world full of lurking horrors, a universe of flashing lights and buzzing sounds, sounds that were getting louder and louder until I was being consumed!

The mask was off my face. Never had I felt such anger! It jumped, pounded, and raced through my arteries like a meteor; my eyes wanted to jump from their sockets and attack! I was strong, stronger than those who were holding me and they knew that! Their hands were slipping and I could hear the canvas tearing as I struggled mightier and mightier! Oh, God! Oh, God! Oh, God!—the vials of hate in my belly were eating me alive—Help me! Help me!

From very far away, I could hear someone calling out my name over and over again and with the greatest effort I tried to wind myself down so that I could make out Dr Bonin's voice:

"Hey, hey, it's going to be all right, Roger, lie still. Stop screaming. Just take it easy and everything will be all right."

I renewed my screaming, so fierce, so unearthly, so profound, that it had to be primeval. Miss Carter crammed the end of a towel into my mouth while I struggled to break free from my captors, still unable to see or think clearly. Again the doctor talked soothingly to me and slowly I regained my senses so that the gag was removed and I was able to draw in great gulps of air, all the while observing that everybody was breathing and perspiring just as heavily as I was. Even Dr Bonin's face was flushed and had an awed look.

Two guards, followed by Miss Carter, started to help me out of the room as the doctor reached for his

secretary's notebook and mumbled, "Don't worry, son. The next time will be more moderate."[†]

It never did get smoother. As a matter of fact, it got more and more turbulent, until finally, just a few days before Christmas, they had to carry me into one of the private rooms after my seventh encounter in three weeks with the gas. I can't recall doing it, but apparently about twenty minutes later, Mr Jolly, the guard on the ward, heard the sounds of breaking glass. He rushed into the room to find me standing in front of broken windows, both my hands and the top of my head bleeding. By then I was in a state of complete shock and did not know where or who I was.

Functioning like a zombie, I was transferred to another room and kept under close observation. Dr Bonin was very distressed at the turn of events and in the next few days he had me checked out by a variety of experts. They even hooked me up to an electroencephalograph. Electrodes attached to wires were taped to parts of my scalp so that the electrical activity inside my brain could be charted on a machine that graphed a series of lines on moving paper.

By the time they showed up on the scene, my imagination had got the better of me and I was blustering angrily that nothing in the world was going to get me back into that chamber of horrors.

"I don't care if you whip me!" I shouted. "I want off this god-damn bug ward!"

Penetang, October 26, 1962. I was on my way to Penetanguishene, a maximum security asylum for the criminally insane!

The 250-mile trip was made through a raging snow storm. Having heard frightful stories about that bug house Alcatraz, I wished throughout the long journey that the government vehicle would crash and kill me and my keepers. I was convinced that it was the end of the line for me.

[†]The horrific Indoklon gas treatment is no longer used.

Perched on a high ridge and surrounded by dense forest, the brick building gave me the creeps as I shuffled painfully towards the entrance, dragging my chains through the snow as two Kingston guards supported me. Unlocking the main gate for us with a long key was a hollow-cheeked attendant looking as if he had been resurrected from the dead.

The asylum operated differently than a penitentiary where an inmate was or could be a somebody, and, most important of all, have a definite release date to look forward to. Here all the patients were sentenced to indefinite terms and were all treated alike, that is to say, as mindless zombies. In Penetang the shrinks were god-like figures in white coats whose very presence on the wards reduced most patients to the point of tears. Panting like house dogs they would clutch at the doctors' coats, ready to cringe in terror or leap with joy. As for the attendants, they were more callous than the average jail guard, unfeeling goons who handled emotional patients by strangling them unconscious with a towel (a popular method in high-risk mental hospitals known as the "sleeper").

I was in the institution only a few weeks when the sleeper was used on me after I was caught sawing the bars in my cell. As additional punishment I was carried bodily up to the violent ward and tossed naked and freezing into what they called a therapeutic cell, better known as a padded cell.

All around me were human vegetables rendered "tame" through the use of frontal lobotomy operations in which neurosurgical drills killed a part of the brain that was thought to trigger violence. In reality they were reduced to bona fide zombies. The more subtle method of reducing violent activity was through the use of experimental drugs which were given to the patients on the violent ward four times a day. The pills came in all sizes and colours and you were severely punished if you were caught spitting them out. One old-timer in Penetang who had been a patient for 35 years told me that there were patients on the violent ward who had been driven crazy simply because they had refused to go along with the program. He said

one guy was still up there eighteen years later—reduced to a raving maniac.

All the while in the isolation box I remembered all the old man told me, especially the pill gimmick. The first two weeks I was made to swallow twelve pills a day, half were medication for my wound, while the remainder were bug pills. The result was massive muscle spasms every 30 seconds, from the top of my head down to the tip of my toes, so violent that I was unable to rest or even think clearly—all of which left me very shook-up. Nor was there such a thing as hiding the little devils under my tongue because the attendants made damn sure each pill was swallowed. However, from the old-timer I learned the sleight of hand trick of popping them up my nostrils and afterwards blowing them in the toilet. Still I had to fake the spasms every time a shrink came nosing around.

All that winter I was kept in that ice box, sleeping on the floor and eating off paper plates with a wooden spoon. My toilet was a hole in the floor and I had no drinking water. Scared half to death that I would be driven mad like my neighbours who growled, cried, and screamed all night, I made sure that I kept a tight rein on my wits and morale. One nut would chant over and over in a sing-song voice that he didn't want to get well. However the one that made me jump out of my skin was the guy with the piercing whistle always yelling "TAXI!"

During this lock-up period I gave an attendant a black eye after he poured coffee over my hand and again I was given the sleeper and also placed in a straitjacket.

Early in March I appeared before a panel of so-called experts whose job was to determine if I was "sane or insane." To come to this momentous conclusion they bombarded me with tricky questions for more than an hour. To my great relief I came through it all with flying colours. I was then transferred back to Kingston Penitentiary. The cell they moved me into had been occupied a few hours earlier by a patient who had hanged himself!

No Acquittal

Eldon Hardy

Eldon Hardy has been both a psychiatric inmate and a prisoner. Since 1972, he has been incarcerated in Ontario institutions under a Warrant of the Lieutenant Governor, after he pleaded "not guilty by reason of insanity" to an assault charge. He has been incarcerated in Penetang, St. Thomas Psychiatric Hospital, and Millbrook Penitentiary, and he is currently in Penetang's Oak Ridge division. This personal story is a condensed excerpt from Eldon's book-in-progress titled "No Acquittal."

In 1972, during my first court appearance, I challenged the court for ordering a psychiatric assessment. The charge was a sexual assault to which I pleaded not guilty. A court-appointed psychiatrist had been sent to the jail. I had refused to talk to him, yet a two-page psychiatric report was drawn up and presented to the court. The crown attorney informed the judge that it was quite legal to order an assessment on the basis of the report, so he did. The result was 30 days in Oak Ridge, a maximum-security division of Penetang [Penetanguishene Mental Health Centre].

Thirty days later, I was returned to jail for trial where I was confronted with a psychiatric power play. My lawyer informed me that should I continue to insist on a trial, I would be found unfit to stand trial, "sent to Penetang for

possibly ten years and returned then for trial." His advice was to "plead not guilty by reason of insanity, go to Penetang for a couple of years, have your problems looked after, and be released." I pleaded not guilty by reason of insanity. The judge found me not guilty by reason of insanity and ordered I be confined at the Penetanguishene Mental Health Centre and await "the pleasure of the Lieutenant Governor."

Essentially, this is where my story begins. It was close to eleven solid years before I began to see a little freedom, almost ten of those spent in Penetang's Oak Ridge division.

Compared to most prisons, Oak Ridge is more like a hospital. Each range (we were told to call them "wards") consisted of a long row of barred cells. The blue and grey uniformed attendants acted as guards, but we were ordered to call them "staff"—a title which allowed them to boast of qualifications none of them had. When visitors were given a "guided" tour of the facility, these attendants bluffed their alleged status as mental health workers—a bluff that supported the other props used during the tours. Since Penetang controlled which groups got the tour and when they got the tour, most visitors were very docile and unlikely to ask embarrassing questions.

The attendants used a network of telephones and walkie-talkies to co-ordinate a visiting group's movements and arrange the props. A particular patient would be selected to discuss his problems in a group setting to show off group therapy. Or the entire population would be herded into a "ward meeting" where a ward's business was being conducted (orchestrated) for the visitors to see. The cells and corridors were always clean and the brass shined. Everything looked good. No one could drop in unexpectedly at Penetang to see it as it usually was. No one was going to catch the attendants choking a patient, see forced drugging, or see a patient being ganged up on and cuffed hand-and-foot with straps and padlocks.

At one time, Oak Ridge bragged about a special program on F-Ward. Movies were made to show to the public. They were very well-staged and rehearsed movies

which used only "trusted patients." Years after F-Ward no longer had such programs, visitors were still being shown the film. Oddly (but not coincidentally), they were not toured through F-Ward after seeing the film, because Penetang always wanted them to carry away a good impression. If anything appeared as though it might start to break out and give the visitors a truer picture of things, the pace of the tour quickened. This was rarely, if ever, necessary. The reign of terror and assorted means of punishment were so well-known to us that we patients dared not step out of our assigned roles during such displays. Often, carefully selected patients led the groups around, under the watchful eyes of attendants and doctors, spouting off a "learned" set of euphemistic words and phrases to describe what the visitors were seeing. I was used in this way a lot during my early years, until I began complaining about the abuses. Then, the doctor made it known that I was not to be "used" anymore because I "couldn't be trusted."

I had problems voicing complaints. Aside from a gauntlet of internal obstacles, such as being confined to the punishment program and cuffed or drugged, I found it necessary to shop around to find a real channel for my complaints. While there were several organizations and lawyers whom I could approach, I first had to convince them that I was not crazy.

Believe me—this is a tough one. It was all too easy for us patients to be viewed as crazy in Penetang, no matter how normal we behaved. It was so discouraging to survive these internal obstacles when you saw your complaint explained as "illness." Worse still, after finally being able to validate my complaint, I found the remedy withheld because someone was convinced it would interfere with my "treatment."

To get anywhere with a complaint, first you had to survive a battery of institutional obstacles. Second, gain credibility. Third, find someone who was concerned or caring enough. Fourth, pray that the person would be strong enough to survive the circumventing tactics of Oak Ridge. By the time this happened, you would not have

any new complaints because of Penetang's method of covering them up. And by this time, I would have been "framed" and put in the punishment program.

The punishment program in Oak Ridge was called MAP. It stood for motivation, attitude and participation. I know of no other program (it was described to outsiders as an intensive therapy program) which was so abusive. More assaults took place in MAP than all the other programs combined. I was placed in it fifteen to twenty times over the many years I was there, usually after I complained.

What was MAP like? Well, first you were stripped naked and thrown into a cell with only a cement bunk, toilet and sink. You were given a canvas gown to wear. This would be it for days until someone decided your "attitude was appropriate to attend program." Once I was in MAP for six weeks. When I was first taken out for program, I was cuffed hand-and-leg with straps and padlocks. This could also last for days. Sooner or later, you would be taken to a small room where six or more other patients sat motionless on the floor in their canvas gowns. You would be confronted relentlessly until you admitted guilt to whatever you were accused of. A patient who was called a "teacher" presided over this charade. He was given a considerable amount of power over the helpless patients in this program. His own privileges were at stake if he did not make life difficult for you.

They always found a patient sick enough to relish playing this role. How much movement was allowed? You could move for a couple of seconds after raising your finger from its clasped position in your lap. Your finger had to stay raised and unmoving until the "teacher" said okay. Each session lasted one to one-and-a-half hours, about six times a day. One to two moves per session were allowed—maybe.

One week done properly earned you one day, and you had to accumulate fourteen days before being released from MAP. You could lose one day for any reason. For example, making eye contact with another patient was sufficient. Since any manner of communication was strictly

forbidden, it was necessary to keep your head bowed most of the time. If you did not readily agree to some accusation, you would be judged unreceptive. The resulting punishment could be anything from losing a day or days to being confined or drugged. If this happened too often, it would usually result in some sort of action against you—and possibly action against others too for not calling you on it.

I remember one such action. A patient was put on the "turkey-strap," then picked off the concrete floor by his hair and dropped—his knee caps taking the full weight of his body. The turkey-strap was a unique cuff arrangement. It locked your hands to your waist and drew your legs behind your back. In this position you *could only kneel*. I was kept in the turkey-strap once for two weeks straight, 24 hours a day, sleeping like this.

Oh yes, there was something amusing about what some of us would do in MAP. (Well, to us it was amusing.) It illustrates how desperate we really were to break the monotony of this program. We learned that if you stared at another person's feet, he would eventually twitch his foot. Then, we would call out, "Check your foot movements." We made a game of trying to get one another to commit some infraction. Whoever got the other in trouble first was the winner. One guy got so excited when we "checked" on anything that he would jerk his head up and back. So, we machine-gunned "check yourself" at him until he thumped his head off the wall, almost knocking himself unconscious. Then we quit and started on each other. Eventually, we had to give up this "game"; otherwise, none of us would have gotten out of MAP.

The "treatment" methods used at Oak Ridge were largely connected with security. Chief among them was the severity with which "collusion" was handled. Having the most innocent "secrets" and being found out usually put you in MAP. Learning to trust one another was, in theory, one of the most important goals. We were told to strive for this. However, the minute this happened, we were punished. This divide-and-conquer mentality used under the guise of "therapy" forced all of us to be on con-

stant alert. Everyone learned how to feign "trusting relationships" while keeping vigilant. God help the patient in Oak Ridge who came there with some real paranoia!

Drugs were also a popular treatment in Penetang. Some of them included Scopolamine, Amytal-Methedrine, Amytal-Ritalin, LSD and later, some alcohol treatments. The amytais were to help the patient become uninhibited. A patient under the influence would be surrounded by a group of patients who interrogated him. They used the word "confront" to imply therapy was happening. If the patient confessed to breaking any rules along with other patients, a witch-hunt began. Trials would be held by a "Clarification Committee." A verdict would be rendered and punishment handed out. This was not called punishment but a "treatment situation."

Scopolamine was a particularly dangerous drug. It was used by the Nazis during World War II when they interrogated prisoners. We were given two needles (one in each shoulder) three times a day for three weeks. This "treatment" was accompanied by sleep deprivation. The drug caused nightmarish hallucinations. Most of us on Scopolamine saw snakes and other sorts of reptiles attacking us. Besides the hallucinations, many of us suffered severe muscle spasms.

I did not hallucinate to the extent that staff thought I should. So from the first day, the doctor ordered that I be given Scopolamine shots every hour on the hour until "he goes out of the picture." I had the severest pains I can remember in every muscle of my body for the three weeks. I tried to end the "treatment" but was warned that I would be sent back to MAP if I refused. I thought the doctor was trying to kill me. This was viewed as "proof" that the "treatment" was working. According to the doctors, Scopolamine was forcing my paranoia into the open.

In Penetang, patients were allowed to recommend drugs ("medication") for each other. The doctors generally rubber-stamped the patients' suggestions. So, we were at the mercy of each other. If you were a patient who knew the ropes and got along better than others, you

became known as "potent." A potent person would be given a little more to say than the others on his particular ward. Inevitably, he would be suspected of making the decisions which resulted in other patients losing privileges. Once the rug was pulled out from under him (the staff removed him from the position of responsibility), he became free game for all those patients who believed they had a grudge to settle. The patients would then unleash the "therapy machinery" against the person, with the attendants supporting their "treatment." I was used this way several times at Penetang.

The worst abuse happened when I was sent to St. Thomas Psychiatric Hospital to "assist the St. Thomas staff in implementing a program similar to Oak Ridge." It was not long before I realized the St. Thomas attendants did not want the program. I worked hard at whatever was asked of me, but soon I was catching it from all sides—from the staff who didn't want the program and the patients who viewed the new program as upsetting their apple carts.

Eventually, I no longer could take the abuse. I asked to be removed from my position; then they asked me to rethink my decision. In any event, I was promised that my decision *would not and should not mean being returned to Penetang*. I thought it over for a few days and finally decided to come off the job. Well, I was returned to Penetang! And very quickly too! Although I had been receiving pats on the back from the administration while putting together a program at St. Thomas, these pats on the back did not show up in their reports. What did they say instead? "Bad attitude," "hostile," and the kicker, "he was not seen as a good candidate for our program." *What program?* I was sent there to put one together, but all this was hidden and an Ombudsman's investigation sealed my fate.

The Ombudsman took six months to whitewash the matter while pretending to investigate. By that time, I knew it was hopeless. I had been put through the gauntlet of therapy games at Oak Ridge to force me to agree to the St. Thomas report of my conduct. There was no mention

of my having been sent there to establish a program.

This situation sparked my fight within the system, and I experienced several years of serious abuses—one after another. My continued insistence on my version of the St. Thomas matter was labelled “illness.” My struggle to alleviate the abuses was called “illness”. In fact, every one of my protests was always labelled “illness.”

After a few years, I was ready to tackle matters at the Advisory Review Board. At that time, I got hold of a lawyer from Toronto who had a reputation for toughness with the Board. With his help, I was about to set a legal precedent. We were pushing for an all-out cross-examination of reports and doctors at the Board hearings. The lawyer warned me things would start to go bad for me inside the hospital as the date of my hearing approached. The Board had its back against the wall. Sure enough, incidents started happening. When I was put in a responsible position at Oak Ridge, all sorts of problems suddenly and mysteriously appeared. Attendants began forgetting rules and policies; they changed things in mid-stream and heaped blame on me. It was a concerted effort to force me into a breakdown before my Board hearing.

In the middle of all this, I received word that my father had died. As a matter of routine, Penetang allowed patients to attend funerals of family members. However, the administration decided that I wouldn't be able to go. The administrator said to me, “This is not to punish you.” Of course it was and he knew it. The administration cited “security reasons,” even though my family was prepared to pay for two escort guards to take me to the funeral.

I made it to the Board hearing. The Board proposed a deal, but we were to forego a hearing. The Board wanted to send me to St. Thomas again. My brothers and the lawyer urged me to take it. I did—against my better judgment. A few days later, the chairman of the Board denied that this deal ever took place.

At St. Thomas, I got the “treatment” again, and after a fight with an attendant, I was charged. I was now sent to Penetang and later sentenced to three months in jail. At first, the judge did not want to deal with the matter in

court, because I was a WLG (under the Warrant) but officials convinced him I was quite sane. So they proceeded. After I was sentenced, the Penetang staff told the jail I was crazy. Predictably, I was put in the “hole” for the duration of my sentence. It was like magic—one minute sane, the next, insane. When it suited them to see me get abused, my “illness” was tailored to further the abuse.

After the sentence, I was returned to Oak Ridge where I continued working to expose the abuses. Matters came to a head when I was hand-cuffed and leg-cuffed, taken to MAP and physically assaulted. It was not the first time but it was the last straw. I got a new lawyer to lay criminal charges against the administration and on down the ladder.

This created an uproar. I was being moved around the hospital while they tried to squash the charge. I wouldn't let them. Eventually, they had to take me out of Penetang. They sent me to METFORS (Metropolitan Toronto Forensic Unit in Queen Street Mental Health Centre) where I became their longest-ever resident—one year. During that time, the hospital officials and the Attorney General of Ontario tried to prevent the charge from going to court. They eventually succeeded. You or I would be in court within 24 hours if we had been charged. The system did not have to make that initial appearance. Such is the power of *The Mental Health Act*!

However, it did start a wave of complaints and eventually saw the advent of “Patient Advocates” who would now be used to keep the lid on Ontario's psychiatric institutions. A patients' rights group started in Penetang about a year ago. Quite a miraculous achievement since my days there! Since this group seems so preoccupied with internal issues, the major issues will probably go unchallenged.

At this point, I should say that I am again being slated for return to Penetang's Oak Ridge—a fate I must avoid at all costs. I was recently charged with two assaults and sentenced to two years less a day. I am serving that sentence at this writing. I cannot count the times I was put in MAP, the times I was locked up in a cell for weeks or

forcibly drugged. I know I will receive more of this abuse if returned there—and with a vengeance.

I only hope now that those reading this story will act as watchdogs for me while I struggle against the odds again. Without the knowledge that this is happening, I have little hope. I already know how impossible it is alone, and now, I am older with few inner resources to serve me. Good luck to all who will not succumb to the “out-of-sight” approach used by the authorities.

Recovering From Psychiatry: How I Got Myself Back

Jean Skov

Jean Skov sought but never received the psychiatric treatment she felt she needed. From 1980 to 1983, she had several admissions (all voluntary) to Peel Memorial Hospital, a general hospital in Mississauga, Ontario.

The real beginning of my story was an undiagnosed pinched nerve. The end result was tardive dyskinesia—caused by long and useless “treatment.”

My family doctor had prescribed Mellaril (thioridazine) when I first went to him for help with muscle tremors. Within six months I became severely depressed, lost all initiative and it became a tremendous effort to do the slightest thing.

When I asked my doctor about why I was feeling this way, he said he couldn't understand but suggested I get away from whatever was stressing me and go to the hospital. In June of 1980, I admitted myself to Peel Memorial Hospital and became an “in and out” patient for the next three years.

When I first went to the emergency ward at Peel, I saw Dr Peter Faux. He asked me what was the matter. I told him how my life had changed and about the medication I was taking. I also explained how my life had been before, telling him I was the secretary for the Voice of Women, ac-

tive in their money-raising project for children in Vietnam. I also told him I was so depressed that I didn't even want to associate with my old friends; I felt myself a burden.

He admitted me right away.

On the ward, my purse and everything else was taken from me and I had to take all my clothes off. I was asked if I had any drugs and I said, "Of course not!" They had to look for drugs so a nurse examined me internally and did a rectal examination. She didn't tell me she was going to do it. I felt like a criminal and still feel that way. It also didn't help to have her say, "You're in no condition to make decisions for yourself." My reply was to tell her, "I made the decision to come here, didn't I!"

The first six months in hospital was the worst experience in my life. You have to have self-confidence to feel that you're a viable human being. The whole thrust of a psychiatric institution is to make you feel like a nobody.

The same nurse told me months later that I wouldn't be getting any medication until I dropped from exhaustion. "You call that useful?" I responded. "You call yourself a nurse? I'm reporting you to Dr Faux."

Then they doubled the dose of everything! I was on all kinds of drugs. I was on fluphenazine which is Moditen or Modecate. It was so powerful that my system couldn't take it and I started breaking out in a rash. Then they put me on an antihistamine. About that time I started doing shorthand in my mind, and every time someone stopped to talk I would take it down in shorthand. It then progressed to hearing music. The sounds would go over and over and over in my head and I couldn't get them out. At the same time, I was on Sinequan and chloral hydrate. Even with that, I couldn't sleep. Since I had not been given the reason for taking them, or information about their effects and dangers, I questioned the doctor. His reply was that a little knowledge was a dangerous thing. I told him, "You're a doctor. Don't you know what doctor means? Docere—to teach, to teach."

I had a hemorrhoid condition before I went into the hospital. While I was in Peel, I was bleeding so badly at

times that in the morning my clothes would be soaked in blood. I was examined and given Metamucil. That helped. I was told that if the condition continued I would have to have an operation. The point is they assured me it was just hemorrhoids and didn't examine me further. What had happened was an inflammation of my large intestine.

In 1982, I "graduated" to Reserpine and Dr Faux suggested ECT treatments "for depression." I received seventeen ECT treatments but within a month the depression was back. Towards the end of these "treatments," I developed convulsions. They started before I got out of the shock room. I was awake, convulsing and hardly able to breathe. The last time, I woke up to hear the nurse say, "She's already awake," and I was still at the machine.

My spine was bending back. I had difficulty breathing. I was panting and sweating and a nurse was scolding me saying, "You can stop that right now." I went in at eight o'clock in the morning and it wasn't until six o'clock in the evening that I was able to get out of bed. I was having convulsions during that whole period. I was shaking and bending backwards. According to a pharmaceutical compendium, Reserpine is not to be given during an ECT treatment.

I convulsed regularly while on the drugs. I would shake all over and sometimes pass out. Keith, one of the other patients, took it upon himself to help me, particularly at meal time. One of the girls told me that on one occasion when he got me to my meal, it took him half an hour to get me to a sitting position. Sometimes I was tied down in bed and they came in every half-hour to give me juice or water, but nothing for the convulsions. A friend of mine was a well-known puppeteer and her puppets reminded me of myself. You couldn't control your own movements and you felt you were just a bunch of reflexes. It was very frightening. The staff didn't seem to see any connection between the drugs and the convulsions. They insisted I could stop them whenever I wanted to.

I have always had a phenomenal memory. Following the shocks, I would forget trivial things. For example, I would forget the colour of my car for a day or so. At one

time before all this began, a psychologist tested me on visual-spatial relationships, and I was termed "super-intelligent." While hospitalized in 1983, I failed miserably on anything to do with spatial relationships. I think shock had something to do with it.

Four of us shared a room. One of my "roomies" was a girl I will call Anne. Anne had received ECT treatments to the point where she was unable to walk. Because she couldn't come for meals, she would be dragged there by her arms with her legs trailing. Finally, after a couple of weeks, I asked the doctor what the nurses were trying to do, if they were trying to show her who was the boss. I told him that she needn't be dragged—she would go down on my arm—that was all she needed. He told me that if I could prove that, they wouldn't do it to her anymore. She came down on my arm for the following meal and every single day after—three times a day. All she needed was someone interested in her. Before I left the hospital, Jean Sinclair, a nurse, said to me, "You've done more for the patients than we have ever been able to do because we don't have the time. You have shown interest and that's all these people need."

For the last three months before my release, I was on five drugs at the same time. Reserpine in particular was a vicious medication. Six pharmacists refused to make up the prescription when I was released. Reserpine was one of the drugs they gave me for my "high blood pressure." My pressure was 110/70 which was low-normal! I was also getting 40 milligrams of propranolol or Inderal for heart problems as well as Sinequan and Halcion. Added to this was 200 milligrams of Librium. They gave me so much that I started having nightmares.

In 1983, one of the social workers told my husband there was no way I could be discharged because I was "dangerous." At the time, the staff kept saying to me, "You're almost exploding. You're angry! You're angry!" Of course I was angry! It wasn't a matter of being angry but the way you express it that's important. I've always tried to express my anger in a productive manner.

I know they felt I was criticizing them—I guess I was.

When asked one time what I was doing back there, I replied, "I'm doing the same as any of the patients that keep coming back. I'm looking for help and I haven't found it yet."

I decided to go to a group home as the staff told me that was my only chance. The doctor told me I had to consider another place as I couldn't go back home to my husband. The group home lasted ten days. Then my husband came and said, "I just can't live without you." The woman in charge told me that she would call the police if I left. I told her I would wait for her to call them as I wanted to see what I would be charged with. I had been called "dangerous," and if that was what the charges would be, I could at least defend myself. We left saying that she knew where we were if she wanted to send the police. When we arrived home, my social worker called and said, "So you're home, Jean. I'm glad. That's where you belong."

I was diagnosed with everything: "schizophrenia," "depression," "manic-depression," "mania," "anxiety," and "psychosis." All I ever really suffered from was anxiety caused by the undiagnosed pinched nerves in my back which caused muscle tremors.

Soon after, I went to a neurosurgeon for the pain in my back and throughout my body. He told me that it was caused by tardive dyskinesia. The pain is still with me—in my jaw, my neck, down my back and in my feet. It's especially bad when I'm lying down. It's related to the dyskinesia—you can see it in my whole body. It's in my face. It can go down my nose, in my temples, behind my ears, my neck. But the worst pain is in my ankles, a very quick stabbing pain.

I've also had lockjaw. My jaw will clench for about five minutes and I just scream with pain. It's diminishing, but my jaw feels very stiff. I haven't got a tooth in my mouth now as a result of this. My jaw twisted sideways and my dentures pressed against the teeth I had. I've lost about eight teeth in the last year. My oral surgeon was in touch with my neurologist and told him, "There's no doubt in my mind whatsoever this is caused by the dyskinesia, about which I can do nothing."

Most people are very kind. The people I see regularly couldn't have been kinder. But the children—they stare, and you feel like crawling in a corner. I still wake up each morning so nauseated. My face is shrivelled up and my eyes are almost swollen shut during my first hour or so when I awake. I was told by my family physician that this is all drug reaction and that major tranquillizers or the "side effects" can take up to five years to leave your system . . . I take no medication now.

I think an organization like On Our Own was all I ever needed. Take your experience of depression and use it to help others. Walking in that person's shoes for a day gives you the ability to turn your experience outward in a productive, joyful, positive way. That's all that I needed—a place where you could express yourself in the way you're best suited. Do your own thing. Do it your own way. I want to express my anger in such a way that it will benefit someone else.

I was sixty when I went into the hospital. I never had any kind of psychiatric problem before or since. It's a lesson in helplessness but I've helped myself. As my doctor said: "We're winning, Jean—we're winning!"

The Ward Psychiatrist

A. Dockrill

Ms Dockrill is currently incarcerated in a Nova Scotia institution.

He walks the hall with confidence
And stops to share a careful joke
With residents and students
While orderlies look on

Patients streaming down the halls
Politely step aside and smile
And hope their humble graces draw
A nod, or yet a word

He takes a look around the ward
And sees that all is smoothly run
While shooting pool, so not to cause
A ripple in the therapy

He calls a patient to his desk
And guides his life for him with ease
And smiles a bit when secretaries,
Nurses, and the staff show humour
At the antics of a new one
Who has not yet had the wisdom
To succumb to better guides
And wants to just be free

At end of day he tidies up
And changes from a white lab coat
To street garb and a shoulder case
Denoting rank and casual
Neglect of the evidence of rank

With pipe in hand he runs the ward
With such finesse that all his staff
Applaud his benefice to those
Who cannot help themselves

And those who know him elsewhere
Will say this dedicated man
Has done his all to be the man
Who can control all surgenies
And keep the order needed here
And view those less with slight disdain
And bask in authorized acclaim.

Don't Spyhole Me

David Reville

At the age of 23, David Reville was involuntarily committed to Kingston Psychiatric Hospital in Ontario, where he spent one-and-a-half years of his life, from 1965 to 1967—three months on the geriatric ward, and one year on the chronic ward.

Today, Reville is 46 and lives in Toronto with his wife and two children. From 1976 to 1984, he was a Toronto city alderman for Ward 7, and since 1985 he has served as a Member of the Ontario Provincial Parliament, representing Riverdale riding. Reville is a respected member of the Ontario New Democratic Party and is his party's health critic. He is also an outspoken advocate of radical reforms in the psychiatric system, including The Mental Health Act, is strongly opposed to electroshock, and is a member of On Our Own, a self-help group of psychiatric inmates and former inmates in Toronto.

This piece consists of excerpts from Reville's journal which he wrote while incarcerated in Kingston. Names have been changed to protect the identities of those mentioned.

In the beginning . . .

December 25, 1965: Christ the Saviour is born. Hallelujah. This is not your average mockery. The Kiwanis Club is here en masse dispensing cigarette lighters and hard

candies. Gordie has almost given up trying to eat his lighter. We even got a Santa. The guy is half-cut but I guess that helps with the ho-ho-ho. Isn't everybody being jolly! There's even something for me under the tree. A book from Robert. My parents have overlooked Christmas this year. Oh well, maybe they don't feel like celebrating. Neither do I.

January 1, 1966: 12:01—Playing gin rummy with two of the boys. Jack has a bottle. Nursie called John a queer when he wouldn't give her a New Year's kiss. Nursie didn't ask me. Just as well.

January 10, 1966: The medical heads have bobbed and nodded. The shrink has pursed his lips. The psychologist has drummed his fingers. The sociologist has clicked her tongue. The expert opinion drops out like a great fart. My marriage has something to do with my problems. Bravo, you silly bastards! For this you need 400 years of university? Carol has been asked to cool it for six months—no letters, no visits, no phone calls, no cigarettes, magazines, chewing gum, zip.

What am I supposed to think about that?

They're going to keep me for six months.

They better not count on it.

January 18, 1966: I've been transferred off the admitting ward. What's the strategy, fellas? How's a stay on the alcoholic ward supposed to work? "You've been too manipulative," said a usually informed source. Can I help it if I'm so charming?

There are no nurses on this ward. And I'm already weary of the bottle-by-bottle histories. It's time to light out for the territory.

January 22, 1966: What kind of a crummy joint is this? Can't anybody do anything right? There I was, an obviously dangerous lunatic, fixing to escape, and no one does anything. I didn't have to gnaw my way through three

feet of concrete, fight off seven burly guards with staves, crawl through a fetid sewer. I just walked out the door when we went down to the cafeteria for supper . . .

I turned myself in. They acted nonchalant about it, of course, like it was no big thing, and one cop tried to pretend he'd never heard of me. It's hard to get credit. But I did get a ride back with the provincial bailiff under the heavy guard of a matron. They left the manacles off because I was playing it smart and going quietly.

So here I sit, outside the doctor's office, waiting. I was told to be here at 9:00 and it's now 11:45. This must be a lesson of some kind. I guess I shouldn't have fouled up the bookkeeping.

And if they think that I'm wondering what's going to happen to me, hah!—they're right.

January 23, 1966: I sat until 4:00 when Dr Powell came out, said goodnight and kept on going. Shit, I wish I hadn't looked so surprised. I'll have to get used to the games they play around here.

Later . . . oh, yeah, here it comes. My clothes just left the ward. I'll probably find out where they went because it seems reasonable to think that I'll be joining them. Or does it? Maybe Mrs Powell is head of the Rum-mage Committee.

Punishment isn't called punishment, of course, but it operates just like you'd expect, the restriction of liberty in some kind of relation to the severity of the offence. It almost always starts with a demotion in Grouping. Now, Grouping is the status structure of the patients. Group 1 means you remain on the ward, probably in pyjamas. Group 2 entitles you to get dressed (yippee) and move around the hospital accompanied by an attendant. You might even get to work on a work gang or go to the OT (Occupational Therapy) workshop. On Group 3 you can walk around the building unaccompanied, and Group 4 opens the grounds to you. At opposite ends of the scale are "Special Observation"—you are watched more or less carefully after a suicide attempt—and "Town Parole," an

instructive term meaning that you may go into the city. Anyway, for inappropriate behaviour you lose a group or two, returning to pyjamas for particularly heinous crimes. If you are really beyond the pale, you are put beyond the pale into the Old Hospital, Rockwood, Home of the Chronic and Defective. And if, somehow, there are no rummage sales tomorrow, that must be where I'm going.

I have made a decision to be Quiet and Co-operative. Not that I'm looking forward to Rockwood. Actually, I'm scared to death. It's just that I've seen the early results of non-co-operation and I don't think that my case history would be greatly improved by the inclusion of a brief medical report reciting the contusions, abrasions, fractures and concussions sustained resisting transfer.

So I think I'll just plaster a smile on my face and sit here clutching my exercise book and wait.

Sid approaches me; half-apologetic, he says that we're taking a walk. I receive a faint message that Sid isn't happy either, probably because I'm bigger than he is. Then I realize that it's not very flattering—where are the heavies? But I get off that track quickly because I know the heavies will appear magically at the slightest possibility that they're needed. So Sid and I walk to the elevator, ride down one floor and walk out the way I came in, out the door, down the road about a quarter of a mile to Rockwood, the charming grey limestone edifice. We climb the four flights of stairs to Ward Eight. A face appears at the little window in the door.

I walk past a long row of beds and into a large square room. The place smells strongly of urine. Sid and my file, considerably fatter now, go into a little office and I wait indecisively at the door. I look around.

In the room are about 50 men, most of whom are busy with various occupations—dozing, mumbling, sucking their toothless mouths in and out, and staring in a variety of attitudes: wistfully, stoically, blankly, demonically. I see a vacant chair and sit in it gingerly and try to see parallels between Ward Eight and the old folks' home Grandpa spent his last years in. This place is an example

of the newness of psychiatry. Or maybe it's a tasteless joke from some arrogant Olympian or other.

A wheelchair hurtles by, a Downs syndrome patient at the helm, chanting "curtee piss, curtee bitch" as his contribution to the noise level. He rolls huge, liquid eyes and looks over at me, smiling long strings of saliva. I smile back tentatively and he lolls a huge, shiny, bulbous head with its fantastic railway map of scars. Over there, an ancient relic, dapper in collar and tie, rubs his bald dome, meticulously accounting for each rub—"five, six, seven, ai-um."

Hunching along in a corner, a silent white-haired simian. Feet bruised from constant stomping, an elderly humanoid grrrs, apparently exhausting his vocabulary in the process. And the most spectacularly wizened remnant I've ever seen avidly strips the paper off cigarette butts and devours the tobacco.

It's a gruesome, pathetic catalogue. Mind-boggling. It's a macabre parade, the ravages of syphilis, of time, of inhumanity, of plain stupidity. There is a neat little man in another corner, praying. To what God? Lights begin to flash behind my eyes. Too much input: overload, overload, I'm shorting out.

A wall-eyed man beckons to me. "C'mere," he rasps, and I realize with one of those terrible jolts of comprehension that this is the ward supervisor. I wonder briefly if he's been given the job after 40 years' faithful service as a patient. That's the last wondering I do that day. I turn off completely, unable to absorb further jolts. It's some time before I return to conjecture—it's not happening, this is an hallucination (maybe I am crazy), I'm tripping out on something, it's a Rod Serling/ Vincent Price low budget 3-D reject. But now there is a heavy steel bolt through my temple expanding and contracting, driving sharp spikes deep into my head and I'm grateful that I can get lost in the pain until I eventually lose consciousness.

When I peer out through trembling eyelids I can make out three figures around the end of my bed. A deep but female voice says, "You'd better watch this one—

suicidal." Then they move away and I hear a raucous laugh and a sharp slapping sound. I fall asleep again.

Rockwood geriatrics

January 24, 1966: I wake up early. I'm at the end of a long row of beds and as I look down the row I see only one other inmate awake. He's going through some kind of elaborate dressing ritual, folding and refolding his shirt, putting a sock on one foot, taking it off and putting it on the other foot. Left and right socks? He sees me watching and picks up an ashtray and wings it at me, frisbee-style. It hits the wall just to the left of my head and ricochets to the floor where it spins noisily. I leap out of bed and assume what must be my version of a fighting pose. But my assailant seems to have forgotten me already and is busy putting his left boot on his right foot. He still has no pants on. What the fuck is Powell trying to do to me?

January 26, 1966: It is incredible how adaptable humans are. In two days I have managed somehow to accommodate myself to this bizarre situation. I've slept, eaten, breathed, shat, and, amazingly, found myself a private enough place to masturbate. What more could I ask for?

Most of my fellow lodgers seem harmless enough once that leap into the beyond has been made and a place has been found for them. Henry, the Wheelchair Driver, is erratic but you can plot his trajectory fairly well. And Austin, the Ritual Dresser, reacts only to stares, so I shall note where he is peripherally in the future. And I think I've survived the only physical encounter I'm likely to have. Yesterday I was approached by a hulking man of about 30-odd, no neck, beady eyes, who told me I looked pretty sure of myself—he must be nuts—and that I should know that he was in charge of things around here. I replied that I thought it was reassuring that someone was in charge and the big man must have thought me sarcastic because he lunged at me like a bear. I was startled and ducked down, my shoulders caught him where he was

hinged, and he sailed over my head and landed with a terrible thud on his back. I stepped back, prepared to be murdered, but the big man slowly got to his feet, dusted himself off and stuck out a big paw, saying, "My name's Doug. Pleaseta meetcha." Very curious.

This place is heavily weighted to geriatrics. I don't suppose Henry is very old, being a Downs syndrome sufferer, and Bill, the other Downs patient—he travels on foot, however—and another Billy are maybe 35, Andre couldn't be more than 18, Doug the Bear, and I are the only ones under what? 70? 80? 115?

What have they got me here for? Am I being deliberately disassociated? Why not the violent ward if they are punishing me? True, I've got to stay put here, the doors are locked, I'm four stories up (and afraid of heights anyway), but how is this sort of place supposed to "cure" me? Is it possible that this is a joke? I don't get it, if it is. Or am I to carefully cultivate a virulent case of the paranoids?

January 28, 1966: I plucked up the courage to ask the ward supervisor—his name is Peck (no, not Gregory, Bill)—when I could see the doctor.

"What do you want to see him for? He's very busy, you know. Can't be everywhere at once, you know."

I said that I knew.

"Well, then," he said, "don't be botherin' me about it. I've got enough to do myself."

"But . . .," I said.

He turned to me, belligerently. "Listen. I've been readin' your file. Can't keep your fingers off 'em, eh?"

I looked puzzled.

"Aw, don't go playin' the little innocent. Stealin'. That's what you're here for. Well, we'll soon learn you that don't pay. Nossir. No stealin' around here. Or you'll be off to Penetang sure as God made them green apples."

I could see that Mr Bill Peck and I were going to have a really therapeutic relationship.

Ten minutes later he was back.

"Dr Powell comes on the ward at 10:00. I've put you down to see him."

It looks more like a plot every minute.

Dr Powell was brilliantly unreachable. I asked to be transferred to another ward, any other ward. "Why?" he asked innocently. I explained patiently that I didn't think I could be helped here. "If you want help, you'll get it." And with that reassurance he picked up his telephone and swiveled around in the chair so that his back was to me. And to underscore the absurdity of everything he made a date for a game of golf with Dr Thingamajig.

When I recovered from my surprise, I became very, very depressed at my lot. And Petula Clark filtering out of the box over the door with "my love is deeper than the deep blue ocean" didn't help much either.

January 30, 1966: The doctor comes on the ward once a week for an hour. That works out to 1.2 minutes apiece. I wonder where the Department of Health enshrines that statistic.

February 2, 1966: "You've heard of the Duchess of Sotheby, of course. A most attractive woman, immensely rich. One night—I think it was the tenth of November, no, it was the eleventh—I saw her rise from the sink, yes, she rose right out of the sink in Pavilion 3 of the Mowat (some frame buildings to the north of the hospital housing old and docile patients). She sat gracefully on the floor and waved her hand. Immediately fourteen lords appeared one by one and sat down on the floor in a circle around the Duchess. Her Ladyship took off her ruby and emerald necklace and laid it carefully in a velvet-lined box. Then she leaned over and—I couldn't believe my eyes—she began to suck off the first lord. She looked up at me and smiled a charming smile as the jism ran down her chin. She wiped her chin with a lace handkerchief and proceeded to the next lord and the next until all fourteen had been sucked off. It couldn't have taken more than fifteen minutes. The lords rose and disappeared out the window. The Duchess paused on the windowsill and beckoned to me. I jumped out after her. Broke both my legs."

When the old fellow with the sunken red-rimmed eyes

told the story, he was looking straight ahead, back to the tenth or eleventh of November, I guess. He certainly didn't expect me to disbelieve the story. I hoped he might have another one, but he had fallen asleep.

February 5, 1966: I have never felt so isolated in my life.

February 7, 1966:

Some fifty men

Of mixed origin

Require no abacus to record IQ

Read not nor think

Only sit

With misted eye.

I need something to help me handle this place. Powell is turning a deaf ear to my requests for a transfer. He's got some schedule for me that I can't figure out. Peck is hopeless, he's just waiting out his time now and I doubt if he ever knew anything about the human mind. There's no one to talk to—I can't count the absurd dialogues I have with the old boys—nothing to read, we don't even get the customary (and ridiculous) little wallets to knit. So . . . I am going to write. I don't care what I write about, I don't care whether it's any good or not, I'm just going to let it come out. I'm going to schedule it, provide my own structure. Fuck them. They're trying to break me. I'm going to do what I can to keep together.

February 10, 1966: It's going well. I hunch over a table in the corner and scribble away furiously. I've got a huge callus on my middle finger and I'm building a conviction in Peck's mind that I really am nuts. The poor bastard can barely read, let alone write.

February 13, 1966: I am mad and need accept no responsibility for the acts the world does in the name of insanity. (Pompous epigrams have a certain charm, though probably mostly for the epigrammist.)

Reluctant to hide my light under a bushel, I tried the

above out on Peck. He just stared at me and, for once, both his eyes looked in the same direction.

I have to run the risk of being thought mad in order to keep from going mad. This place is intolerable. Dominic sits in his chair and goes "five, six, seven, ai-um!" for hours and the Sultan stomps and stomps and stomps and glares and Henry drives that fucking wheelchair all over the place and Billy can be found eating turds in the shithouse almost anytime. Chippie sits and stares and blinks regularly at eight-minute intervals, I swear. The noise level is so high you can believe bedlam with your guts. So I grit my teeth and hunch hunchier over the table and the pencil races along almost as fast as my stomach contracts and my eyes buzz.

February 14, 1966: Joe had a visitor today—good for Joe, he didn't notice—and the visitor left . . . a *Globe & Mail* magazine. And in the *Globe & Mail* magazine was an article about the New Left. And instantly I am inspired to . . . wait, I'm getting excited. The article said that the New Left was a "revolt without dogma." Well, obviously, who is in a better position to write the dogma?

February 18, 1966: I know what I'm doing. I'm redirecting. I'm venting all this spleen harmlessly. Why can't I just kick Powell in the balls? Oh no, I'm railing against poverty and hunger and privilege. I am making my isolation tragic and noble. I shout about social injustice (on the pages), and I scream against war and hypocrisy, hunger and poverty as though I discovered them.

It's very tempting, the whole situation is very tempting. Here I am, on Ward Eight, surrounded by unfortunate souls, developing the most important political philosophy since Hegel and Marx sat at their little tables. Imagine *Das Kapital* squared being ground out on the geriatric wards of an insane asylum. How can I resist?

In a way, it's legitimate enough. We are political prisoners, all of us. We have dared to challenge mythology. Foolish of us, I guess, especially those of us who had a choice. Most of us didn't know we were challenging,

most of us couldn't help it. Old Zack over here, he certainly didn't intend to outlive all of his people and he doesn't shit himself on purpose. But there he is: alone, old, vague, incontinent. You can't have embarrassing people like him around. Lock them up, get them out of the way, there is room only for some kinds of social failure. And Billy, shortchanged on the marbles, well, better get him out of the way too, our society is too efficient to allow for this kind of incompetence. My case, admittedly, is different. I'm actively insulting. I've shortchanged you.

Hurt your feelings, did I? I'm learning to be sorry. But I'm not learning fast enough. I've not yet been forgiven.

February 19, 1966: It works. But it works sporadically. The writing. Sometimes it gets me so high all the horror of this sitting room fades out completely. I feel competent, creative, energetic, invincible. But when it leaves me, oh, when it leaves me, I am at the bottom of the pit.

I'm scared.

And I can't even scream.

Communications

February 20, 1966: Feeling the need to try and make contact, I wrote to my parents. I hadn't heard from them since the suicide attempt. "Keep it light," I told myself and chatted away inconsequentially until the very last line when the bitterness grabbed me. I wrote, "I am grateful that you provided me with such a false education. It has helped immensely in my present position. I pull the dung balls off the asses of aging syphilitics."

The letter came back stamped "RETURN TO PATIENT FOR CORRECTION." I snorted and wrote across the stamp, "How to correct the Truth?" Back it came again, a second "RETURN TO PATIENT FOR CORRECTION" stamp on it. But I was tired of the dialogue.

February 21, 1966: Shower Day here in Happy Acres is the result of a collaboration between Goebbel, H and Marx, G.

It goes like this: We are all stripped and lined up and marched by twos into the showers. The block capos—Doug and, lately, me—shove the old boys into a stall, pour water all over them and pick off the easiest dung balls. Then the line goes out again and hospital gowns are dropped over most heads and clothes shoved at others. It's instructive if you're interested in the similarities of tragedy and comedy. Albert shuffles and chirps and walks carefully into the wall. Chippie stands unblinking in the shower like a stuffed praying mantis, the Sultan continues to stomp, Dominic just adds a little water to his five-six-seven litany, and Bernie, bobbing and weaving, shouts defiance despite his damp impotence. A number of the old boys forget why they're in line and wander off to take up their hobbies of eating cigarette butts and praying, looking even a little more pathetic in their pale white skins. But then Albert can't make the turn into the shower so the young attendant gives him a short arm in the ribs and I say what do you want to do that for it's not his fault he's got no motor control and the young attendant tells me to fuck off and mind my own business. I briefly weigh the consequences of returning the short arm and decide against it and instead walk down to Peck's office and tell him about it and he reminds me that I'm crazy and anyway he's busy.

After I'm dressed, I sit in my corner, brooding and cursing and feeling guilty about my impotence. I wonder about the effects of living in a place where human warmth is so absent that you can feel it like a draft. And I realize again how isolated I am and become involved in my own pain. It's easier than being involved with Albert's. And just then Albert bumps into my chair. I look up but already he's skittering off, chirping, same as ever.

What a dehumanizing process. Do the Boys in the Office appreciate what they're doing? They must know that it is too dangerous for me to identify with the poor old buggers on the ward. I've got to protect myself from thinking—even for a moment—that Albert and I are alike. It's not a subtle trick. Power-people have always used depersonalization to get the powerless to do what they

want; kill the Commies or stomp the niggers. So it's not surprising to find myself thinking of Albert as a GPI, pulling the shade down over Albert's humanity, blacking out the fact that Albert and I are being oppressed together. These crummy little insights are painful. I know that it's going to be my survival that I fight for, not Albert's. And, right now, I think I'm losing.

February 23, 1966: On five successive Mondays I asked the doctor to transfer me to another ward. "I can't take it any longer," I told him. He looked at me with the smallest of smiles on his face. "You're breaking my heart." I felt it so quickly that I couldn't suppress it—a huge tearing sob. "You're breaking mine!" I shrieked, and ran out of the office and threw myself at a steel-meshed window.

Now Peck has come to me. "I guess I learned ya," he says. "You're being transferred."

It's over.

Transfer to the Violent Ward

February 24, 1966: No, it's not over. Just the first part of some plan is over. I didn't take that quarter-mile walk back to the new hospital; I just came downstairs to Ward Six. Ward Six is the new violent ward. Oh yeah.

February 25, 1966: I'm still alive. Nobody has got to me yet. Lucky. Journals are harder to write posthumously.

It might have been just a trick of lighting, but when I came down here yesterday afternoon everything was too, too . . . what? . . . bright? The ward was quiet; almost everybody was out to work on the grounds. I sat gingerly in a chair and immediately a stocky gnome approached me, thrust his jowly face into mine and demanded a cigarette. I rolled him one very quickly.

"What's your name?" he asked.

"Dave." Again, very quickly.

He held the cigarette in front of his face and recited, "My fren Dave gave me a cigarette and it's all checked."

Then he waddled off, puffing happily, the cigarette unlit.

Where are the little men with their orientation course?

The mythical heroes began to arrive: the Black Prince, Cy, Buddy, all swaggering and har-haring as is their right as the acknowledged bad men of the hospital. Fortunately, my natural reserve didn't desert me.

Immediately, the Black Prince (BP) kindly filled me in on the ways things were.

"Listen, there's gonna be no fuckin' around. First thing in the morning, yer gonna be swampin' with the rest of 'em."

At nine o'clock I received a second deputation, this time three attendants.

"We're gonna put you in a room."

The statement was not open to interpretation.

"Three guys to put me in a room? You must think I'm nuts!"

Stony silence. No points for style at all. I was ushered into a room 8 x 6 x 12. There was no furniture. One attendant closed the steel-mesh screen over the window and locked it. Then he went out the door and locked that.

I sat down on the terrazzo floor and tried to figure out just what they (read "They") had in mind this time. Maybe this is just standard procedure, a way of saying "we mean business here." Or some kind of initiation into the Violent Fraternity. Then I thought how ironic it was for me to be locked in a room on the violent ward, violence being hardly my forte. After a while I gave up, there being no way to confirm or deny any of my conjectures. The next few hours I alternately invited and chased away various kinds of paranoia. Eventually I feel asleep. No tension headache this time; I must be adapting.

When they let me out in the morning, I asked for and got no explanation of why I had been locked up.

I think this ward is going to be a little better, though. We seem to be both more and less with it. Although, on the average, we're crazier, we still are more in touch with all that 1966 going on Out There. Could be a mixed blessing.

February 26, 1966: Looks like I've just exchanged prisons. They're still not letting me off the ward. Not a breath of fresh air for over a month now. Very therapeutic, I'm sure.

So I have to continue to be my own program director. Why am I so ungrateful? Any number of writers would give their rejection slips to be allowed a couple of weeks here. Just look at the material!

Take Chippie, for example:

Character File—Entry #1—Chippie. Age: between 60 and 100. Wizen face, more than old, almost primeval. Could be Early Man. His white hair is shaggy and his walk is stooped and hurried as though he were just learning and not quite comfortable with walking yet. I have never heard him speak. In fact, the only sound he makes is a kind of squeak and he reserves that for special occasions as when an attendant bends back his thumb—"Hey, wanna hear Chippie talk?" Apparently he's been here as long as anyone can remember and that's a long time because one of the supervisors goes back 37 years. What was he like in 1929? Does anyone know anything about him? He sits in a corner all day long, his hands clasped together in his lap. They are strange hands. They look like they've been washed too often. (Was he a surgeon?) During the afternoon he takes a nap. He curls up on the bed that happens to be closest and assumes a perfect fetal position. One day I sat across from him and looked into his eyes for a long time to see if I could reach him. Chippie just looked back without changing his expression. The things those pale blue eyes must have seen. But does anything register?

Character File—Entry #2—The Sultan. Age: 60 to 80. The Sultan is old but from the much more recent past. I call him the Sultan because he wears a hospital robe and white cotton hospital slippers that turn up at the toes. But he could as easily be a Senator, plucked off the steps of the Forum, a silent patrician, silent but still fiery. His eyes blaze and his head does too—it's completely bald and shiny. He strides around the sitting room and up and

down the halls, his arms behind his back, his robe flapping. He's composing an oration but he never delivers it. A perfectionist.

Character File—Entry #3—Albert. Age: 60 to 75. Albert isn't so enigmatic. He's just awkward. He slobbers and shuffles and chirps. He does an excited, clumsy dance and never seems to know where he's going. (He shouldn't be blamed for that; there's no place for him to go.) His shoe laces are never tied—for some reason, he's been given a pair of business Oxfords to wear—so, of course, he trips over his shoe laces and lays back his scalp for a few more stitches. An attendant said that Albert has tertiary syphilis.

Poor Albert spills his food and dribbles on the floor and shits in the corner. Shower Day is his downfall because he can't make it into the shower on his own and, when he finally gets punched in there, he can't stand still. But he's not going to complain, mostly because he speaks a language all his own.

Character File—Entry #4—Dominic. Age: 75 to 85. Dominic is a man of means. He's always well turned out in a collar and tie, somewhat dated and frayed but obviously of a good cut. He'd been a storekeeper. In fact, he'd been something of a tycoon with three stores and, although he could have easily afforded to hire staff for all three and sit in the sun, he liked to work in them himself. As he tells it, one day Mrs Whoosiz waddled in and asked for a bottle of that good old herbal tonic. Dominic hurried up the ladder to get it down off the top shelf. "This is the one," he said, falling off the ladder and landing on his head. "I lost one of my head nerves. That's why I rub my head, to bring back the seventh nerve." Well, that's clear enough. So Dominic is meticulous about rubbing his head. He keeps track as he rubs—"five, six, seven, ai-um!"—maybe it just marks the end of each series of rubs. I found his determination and conviction somehow reassuring.

Dominic looks a little like Boris Karloff. Sounds like him too with a kindly but sepulchral voice. Extremely polite.

He has money coming in from somewhere because he always has Tailor-Mades (that old-fashioned expression is still very current around here), but the staff won't allow him matches. So he stops rubbing his head for a minute and says, "Would you please give me a match?" and, after you do, "Oh, thank you so much."

They've worked up a little routine for Dominic too.

"Hey Dominic, where did you keep the cock safes in your store?"

"Cock safes? Cock safes? I didn't sell such things!" And he gets so outraged at the slander that he leaps out of his chair and chases his tormentor away.

(What routine will they think up for me?)

I stop to reflect about the morality of my turning people into vignettes. Eventually I decide that it is, at the very least, more honest for me to do it than for some shrink. I share their lives, after all. And if I can divert myself a little while . . . well, I can hold out that much longer.

March 3, 1966:

I inhabit an asylum
Night falling
Sees me pacing
And wondering why.
No knowledge comes
In these bare halls
To us madmen—or to
You.

In the strongroom with friends

March 5, 1966: Well, well, am I in luck. Bill just came over. I won't be seeing him today though, unless I look through the little square window in the door. I guess he caused some trouble on Sixteen in the new hospital because it looks like they've put a good beating on him.

There's plaster on his head, one eye is shut and one hand swollen up. But Bill was grinning and I'm going to

get a soulmate.

I met Bill briefly at the General when I was coming round after my OD. He showed up on Sixteen about a week later and we got talking. He's sort of a Jack Kerouac/Johnny Cash figure. He's got a cloth cap—"My turn-on hat"—and a great long overcoat. Naturally, he writes songs and poetry. He used to come over to visit me when I was on Eight and he always seemed to arrive just when things had built up so much that I was ready to go berserk. But they put a stop to his visits—got to keep the isolation complete.

I rolled a couple of cigarettes and slid them under the door. Bad move. Now I'm locked in the strongroom.

March 6, 1966: First thing this morning I went down to Bill's strongroom to see how he was. He was already awake—and he was certainly a sight. He was decked out in a jockstrap and a short pink hospital nightgown. He was trying to do the nightgown up with one hand; the other hand was broken. I helped him out and was just finishing off a nice bow when the night supervisor looked in.

"What's going on here?"

Bill looked up and smiled in his most charming way. "We're just getting up," he remarked casually.

The eyebrows shot up, the lips were swallowed and the red face disappeared. The night supervisor makes a funny report this morning.

Bill has been saving his pills up for an OD. Yesterday was the day so he went to dig out his stock but someone had been there first and they were gone.

"I was some pissed off so I fired a few chairs around and the next thing I knew screws are popping out of the walls at me. The first one gets my guitar over the head—one of your better chords—and then five or six of them pile on."

"What happened to your hand?"

"I dunno. Maybe I hit the wall."

So Bill has added a few more scars and I'm going to have someone to talk to for a few days. They'll get wise to

that before long, I imagine, and away he'll go again.

March 8, 1966: Bill got sent back this morning. I go into the washroom and say "I told you so" into the mirror.

March 9, 1966: It shouldn't be possible to be an oddball here but I am. This hospital is filled with poor people. The middle-class contingent could meet comfortably in a phone booth. So I must be here accidentally. (Hey fellas, this is all a big misunderstanding. If you'll just unlock the door . . .) All my power systems are temporarily out of order or I'd never be here. I'm getting a rare opportunity; I'm seeing how my people deal with slow learners. If you fail to learn how to behave in the correct unobtrusive way and you have already committed the horrible crime of being poor, you will surely be thrown in jail—this one or the one next door (Kingston Penitentiary). If you are given the choice—you won't be—take the one next door. You might learn something useful, welding or safecracking, and you'll have a better idea of when you're getting out. And people will hold their mouths a little differently when you tell them your previous address. After all, you will have been considered worthy of some kind of legal process, unlike us who do our indefinite time without having had our day in court.

So, a word of warning (you can trust me). Take care about the family you get born into. Then, if you safely make it into the middle class, don't piss all your relatives off. Best of all, get yourself a private psychiatrist and pay him all your money. When the white coats come to get you, he'll intercede on your behalf. Because he'll suspect that you held some of that loot back.

March 15, 1966: I have always been able to adapt well. Maybe too well. I've gotten used to the numerous small deprivations of this place. I've gotten used to having no money and no place to spend any. I wear joint clothes; mine have worn out, fallen apart after a visit to the hospital laundry, or have disappeared. And I don't mind. I

smuggle out my mail to avoid a censor. There's no point giving them more ammunition. But I can't get used to the lack of love and warmth and tenderness. That's the big turn-off and that must be the biggest single obstacle to recovery for everybody here. Nobody gives a fuck.

I read Camus and understand his isolation. No one can share my feelings. I can't share theirs. But if only I had someone to talk to, someone to hold, someone to hold me! Bill's gone and the rest aren't much help. Some don't talk at all, some shouldn't, some won't. Some have forgotten to be sad. The common ground is the environment. We share the same space, eat the same dull food, breathe the same stale air. That's it. I say to Big Bob, "Hey, man, why do you put up with this shit?" He looks puzzled and then mumbles, "Ain't nothing I kin do about it, is there?", and the horrible part is, maybe he's right. I say to Chuck, "You got town parole, why don't you split?", and he says, "Sure, sure, what do I do when I run out of pills?", and I see how cleverly they've got it worked out; if the system doesn't keep you, then the dope will. And the hell of it is I don't think there's anything very much wrong with Chuck. They just never let him try to handle his problems. Keep him so stoned out he never can learn to cope. Twentieth century technology. Yeah.

I wasn't ready for this. Nobody should be. How do you fit this into any notion of the world? How do I match up these pictures? My son lying cooing in his crib with a Downs patient blowing someone in a cupboard? My wife whispering "I love you" with the BP shouting, "You little cocksuckers, I'll kick your fuckin' asses for you!"? Am I so naive? Or is this the outrage that I think it is? If a man becomes an animal, what does that say for his keeper?

March 20, 1966: "There we were, flogging ourselves silly up by the dam."

That's Bucky. He's off again. A man of about 40, average build, generally nondescript—the joint clothes helping that out a lot. Usually he's quiet and harmless, padding about in a pair of slippers, collecting butts from ashtrays. But now there are shreds of tobacco hanging

from the stubble on his chin and his pale blue eyes flash and dart. His voice is husky and insistent. And he's after me.

"We were flogging ourselves silly."

"That's nice, Bucky. Now take off."

"Are you going to burn him up?"

"No, I'm not going to burn him up. See ya."

"I burned him up."

"Great. Got to go now, bye."

"Were you drunk?"

"Jesus Christ, Bucky. I'll pound you in a minute."

"I was drunk. They got me in eternal purgatory."

"Click, click, you're out."

Bucky shoves his face into mine. "I'm going to burn in hell."

I've had it. I put my hand flat against Bucky's chest; with all my strength I try to push him away. I can't even budge him. So I punch him hard in the sternum. Bucky doesn't even blink. He plucks at my sleeve and peers into my face again. I nip into my room and slam the door.

"Will you burn him up?"

I put the chair against the door and sit in the chair. Bucky's nose flattens against the little window and he pushes the door open a crack.

"I'm burning. Let me out."

"Fred, will you lock up this lunatic for fuck's sake?"

I felt guilty later. Poor Bucky. But when he comes after you like that . . .

March 23, 1966: So time's up. After only 60 days of being locked up, I'm going outside. Outside. Imagine that.

I am going to work in the Greenhouse.

But they can't bear to go all the way. I'm not going to be allowed to go to any of the "recreational activities" but, heh, heh, I don't care. (You slipped up on this one, doctor.)

March 24, 1966: The Greenhouse is an oasis. It's Paradise. The fragrance of the flowers, the colours, almost intoxicating. If I could only take some of this life back onto the ward.

Marking time

March 29, 1966: I begin to realize how important schedules are. If the world did not stir to the sound of alarm clocks, pack its lunch and go off to work, the street would soon be clogged with idle, demented people. We're not too good at occupying time when left to ourselves. Doomsday is coming—the twenty-hour work week. Unless inroads can be made into the work ethic, there's going to be lotsa buboobuba here. The most structured place in the world. When the structure falls down, when the social workers go home to their barbeques, when the bits of wool for the little knitted wallets stop getting handed out, we are still here. What to do? What to do during the long day? What to do during the interminable evenings? What to do on god-damn civic holidays?

During the week, however, you can work if you're considered fit and there are all sorts of reasons why you might not be, mysterious reasons. You can shovel snow, collect garbage, rake leaves, trim around the walks with sheep shears, stuff like that. Minor satisfactions limited to the amount of joy found in bodily movement and completion of tasks and, thankfully, a bit of comradeship (the work gang is unique in that respect). But it doesn't keep the mind alive. The material rewards aren't excessive either. Your room and board—which is a long way from luxurious, which you didn't ask for and which is the very least they could do. Plus two packages of the poorest grade of fine-cut tobacco they could possibly find. I have been unable to organize even one trade union (shoulder to shoulder with the Sultan for instance, is hard to imagine, even for me). Knock off six hours per day, weekdays.

I can fill up six, seven hours with sleep. The staff are most particular that we get up at six, why I don't know except it must be convenient for them. On most wards, you don't sleep during the day. Most of the men go to bed right after supper but I try to stay up until eleven and try to remain awake and unnoticed after that, not always successfully. One night man lets me watch the late movie but we've got to watch for the supervisor. Total so

far—thirteen hours.

An hour and a half to eat. Fourteen and a half hours. No complaints about the food. Who expects much in that department? Although sometimes it's a little annoying to see the staff taking it home in their briefcases, shopping bags and trucks.

An hour for ablutions. Fifteen and a half hours. You must fight for more than one bath a week and on some wards, a daily shave. But long hair is verboten. A maniacal barber tours regularly.

Eight and a half hours left. I could watch TV for eight and a half hours, Chinese water torture not being available. A hand or nineteen of cards? The rules are interesting. Don't forget the parties. I'll be seeing one for myself, no doubt. Movies? Oh yes, Friday night—*Flipper Goes Hawaiian*, don't miss it. Biweekly singsong; eat your heart out, Ted Mack. Ah, fuck it. Anyway, Powell told me, "You've got all sorts of opportunity for inappropriate activity right here on the ward." Whatever that means. So I write and write and write. Harry calls me the Professor. There are consolations everywhere.

March 31, 1966: John has a theory. If he can subdue the largest man in any given group and if, having subdued him, he can blow him, then he can take over the group.

There have been theories more bizarre.

Trouble is, John isn't content with mere theory.

Trouble for the largest man in any given group; trouble for John.

Most of the time John is undemonstrative. Quiet. Polite. Well-behaved. In short, co-operative.

At intervals, however, he is moved to test his theory. At intervals John pounces on the largest man in the group he has selected. At intervals, he is clubbed to the floor and experimenter becomes experimentee.

I've never been chosen. I'm not hurt, John, honest I'm not. I was standing beside MacNamara when John chose him one day. MacNamara showed more sense than usual and ran yelling down the hall to the office.

Today the ward staff are playing gin rummy. Not un-

usual. Ward supervisor is Big Jack. He doesn't find his work very challenging. He's waiting until the shift is over. An ex-cop. Still big and tough. Reputed to be very fast.

Here comes John down the hall very slowly, close to the wall. His arms are hanging straight down and on the end of each arm is a giant fist.

John sidles up to Big Jack and pow pow, two tremendous shots to Big Jack's big head. Big Jack goes down—the chair clatters—Big Jack is up on his feet, and John is on his back out cold.

By the time I get my mouth shut again John's feet are disappearing into his strongroom. I barely saw Big Jack's arm move. And, I swear, it was an open-hander. Hmmm.

April 1, 1966: I sit in my sideroom, my future cluttered with the wreckage of a marriage, a career and several bundles of aspirations, some of them mine. But I feel—amazingly—that I have some control. I will get out. (Say it again.) I will get out and build some kind of life. But what of the others? What's the point of no return: two years, five years, or is it temporal at all? What about those who have no clear idea of why they're here? And no reason to think they'll ever leave? What about old Zack up on Eight? Found wandering in the bush several miles from his farm. Out after a deer, he said, I always take a deer when I need one. How is a man like that to live locked up in a room after a lifetime of roaming wherever he wanted? What does he make of that locked door at the end of the hall and the poor old rustling hulks around him? Does he think about what has happened to him? Or has he got that patience that we attribute to the very old? You see, Zack I can relate to. Zack makes me sad. He could be my grandfather.

The Women's Auxiliary

April 2, 1966: The ladies of the Women's Auxiliary came on the ward today. Apparently, it's a monthly number and I've got to admit it's a more dangerous sort of do-

gooderism than usual. Mind you, the heavies get an extra shot of be-a-nice-quiet-boy dope but, after all, I'm not on any dope and who knows what I might dream up? The ladies. They bring cakes and cookies and cigars and cigarettes and they organize bingo and card games and they even have a little record player with real records so that they can dance with us boys. All these young suburban wives. And their doctor-engineer-professor husbands are very tolerant and all my cynicism disappeared when a woman with the most disarming brown eyes came over and said, very quietly, that she was sorry to see me here. She didn't even force me to dance and I appreciated that much. But then a tall cool blonde woman joined us and said she understood that I wrote and would I let her read something and I fell over my feet scuttling off to my room to find something and I've hated myself for at least three hours now about that one. Patronizing. What does she know about it?

Ah, but the woman with the brown eyes touched me. For a moment. And I'm not even going to wonder how long it will have to last me.

Big Jack is wearing two brand-new shiners, courtesy of John.

John is wearing lots of brand-new hypo marks, courtesy of Big Jack's friends.

Big Jack is laughing. "He sure suckered me."

John is barely moving. He doesn't say anything.

(Overheard) "We got him on double maximum."

Character File—Entry #5—Joe. Age: 55 to 65. Joe has an interesting hobby. He's a public diddler. Not that his devotion has any noticeable effect. His continual stroking and stretching produces nothing except perhaps more limpness and he is already on the Ten Most Limp List. What he lacks in potency he makes up in chatter. An artist.

"Going to fuck mommy. Going to fuck mommy." Give that three to five minutes.

"Going to fuck Mary. Going to fuck Mary." Give Mary—his daughter—another three to five minutes.

"Going to fuck John. Going to fuck John." Another

three to five for John, his son.

"Going to fuck Rover. Going to fuck Rover." But here the SPCA must have stepped in because that was all. He was probably set up anyway; the attendants haven't much else to do. But I did appreciate the act one day when the puffed-up Head Nurse appeared at the door with a flock of student nurse affiliates. Joe got as far as John before Head Nurse could bear it no longer and puffed out. Good old Joe.

April 3, 1966: I creep towards the house. It's a fine big house in the best part of town. It's Dr Powell's house. There's no moon. I hide in the bushes near the back door. I see the bedroom light go out. I slip into the house and crouch beside the refrigerator. The kitchen clock has a luminous dial. The minute hand jumps 30 times. I climb the stairs, keeping close to the wall. A board squeaks. I freeze. Nothing. I steal down the hall and pause outside the first door. I listen to the gentle breathing. I turn the knob and ease the door open. A child is asleep in a bed by the wall. I take out my knife and *stab stab stab* screaming *Powell Powell Powell, bastard bastard bastard*. Question: should I tell Dr Powell about my dream?

April 4, 1966: No change in John. He looks like aging celery.

April 5, 1966: It's almost three months since the six-month-no-contact-with-your-wife plan began. I'm not doing very well. I couldn't stand the lack of attention and ran away. I couldn't follow through on that so I came back and got sent to Eight. They drove me buggy and I said so and ended up on the violent ward. And now they've cut me off the Greenhouse because the Greenhouse boys say they haven't enough staff to keep an eye on me all the time. Every time I think about the baby I cry and every time I think about Carol I start feeling guilty. I wonder if it's over. What do I have to go back to? Will this leave me too scarred, too scared?

Character File—Entry #6—Grenville. Age: 60. Grenville

is simple. Grand Mal seizures have dropped him on his head so often he should rattle. But he has a knack for learning routines, too, and he does several side-splitters.

Q: What's that you got on your head, that white spot?

A: That's eagle shit.

Q: How did it get there, Grenville?

A: The eagle put it there, stupid.

or

Q: What have you got on your head, Grenville?

A: Nuffin.

or

Q: What have you got in your belly, Grenville?

A: A baby?

Q: What's your baby's name?

A: Judy. My baby's name is Judy.

Q: How old is she?

A: Sixteen.

Q: How old are you, Grenville?

A: Fifteen.

Q: How did you get that baby in your belly?

A: Bill Osborne fucked me up the bum.

And don't forget that "check it out" bit with the cigarette. When the routines pall, you can really upset Grenville by making your fingers into circles, thumb and forefinger, and holding them up to your eyes. He tries to hit you and shouts, "Don't spyhole me, you old spyhole!"

It makes me sick. Maybe Grenville is happy with his role as jester. But I doubt it.

April 9, 1966: Being in this place is keeping me in this place. How can I get out of that cycle?

April 10, 1966: I've been let out again, this time on a little longer string. Despite my lack of face-to-face contact with the staff, the therapeutic staff, that is, there is some fairly astute appreciation of where I'm at. Some eyeball or other is trained on me, some ear is listening and just as I start coiling up or in, the screws are loosened a turn. So now I can work on a work crew and attend the recreations if I suck ass appropriately. I suck ass. I'm tired of the ward.

No more bars

April 12, 1966: There are no bars on my window. The sun is coming up and sunlight glinting off bars would be nice but there are no bars. "See," says the Minister of Health, "no bars."

I do have a heavy mesh screen, though.

It's a beautiful sight. The lake's frozen, the sky is clear, the shore is covered with snow, Kingston Penitentiary doesn't look like it will fall down, and there is an enormous cone of coal on our dock below me.

But no fucking bars!

There is one of those redundant signs on the coal dock. "Coal dock," it says.

Couldn't I get just one god-damn bar?

The sign goes on to say that trespassers will be prosecuted. One of these days I'm going down there and I'm going to change that sign to: TRESPASSERS WILL BE SUBJECTED TO ELECTRO-CONVULSIVE THERAPY.

Hah! That'll get 'em.

Six o'clock. Here comes Bernie.

"Awright, drop your cocks, les roll 'em out, ya gonna sleep all day or what. C'mon, c'mon, feet onna floor, outa them fart sacks."

All this punctuated by metallic crashes as his boot hits the footboard of each bed.

"Bernie, how come you're so subtle?"

"What the fuck you think you're doin', Reville?"

"Just writing up your case history, Bernie."

Waking up on Ward Six. The last of the violent wards. Makes you feel kinda proud. Mothers probably scare their kids with it: "Drink your milk or you'll end up on Six." It's an important weapon in the attendant arsenal. "Wanna go to Six?" "No, no, not that. I'll stop breaking this chair over your head right now, honest, sir."

Psstt! Ward Six isn't so bad. Sure, windows and chairs disappear, but if you keep your back to the wall you'll be all right.

There are a couple of things to watch for: Big John walking quietly down the hall, very close to the wall, watch

that. Bucky creeping up with bits of tobacco on his chin, watch that. Whitey tearing towards the back hall, watch that. Once you learn each guy's trick and once you learn how to avoid it, well, then you're practically home free.

There's no relaxing on admission wards. No one lets you relax, not the patients, not the staff, not yourself. The patients are nuts, they have to be, hoping as they are for important-sounding diagnoses. They dance and scream and tear off their clothes and slit their throats and break their guitars over your head. You can't tell what's going to happen next.

The staff are always pestering you, why did you do this, why did you say that, how long have you hated your third cousin, knit this little wallet, look at this weird inkblot. It's a madhouse.

This place has got some stability. It should have—we've been here fifteen years on the average.

And here comes the BP with his mop tank, rounding up his minions with a cheery "Get out here, you fuckers." And now he's cornered poor, miserable Harry.

"Harry, you wormy bastard, you been pissin' in this fuckin' corner."

"Ohnosir," swears Harry.

"You lyin' sonuvabitch. You wanna cut that out or you'll git my boot up yer fuckin' ass."

"Please don't hit me, sir. I'm just a little mouse."

"Yer fuckin' right yer a mouse. Now get the fuck outa the way."

"You got to hate me," pleads Harry.

"Yer fuckin' right I hate you, you black-eyed cock-sucker," says the BP agreeably, "and here's a fuckin' kick up the fuckin' ass to prove it."

Looks like it's going to be an ordinary nasty sort of day. The sadists and masochists are up stomping and cringing, old Greenback will be in the kitchen freezing the toast and, oh sigh, it's bath day today.

It's different here than on Eight. We pull off our own dung balls. The rest is about the same, sheets down in the hall from the clothes room to the showers, a line going in and a line coming out. I do squeeze my cheeks together a

little tighter, though, and I try to get through early on to avoid itchy underwear.

I'm wearing joint clothes now. Look a bit like a storm trooper; khaki workpants, black T-shirt, work socks, work boots.

At my desk. (It's really a metal night table but I call it my desk. I must be entitled to some delusions.) You know, sometimes I almost forget where I am. Sometimes, hunched over, scribbling, I could be anywhere. I wonder what that means. Did they forget in Dachau? Does my neighbour in the Hole forget?

April 15, 1966: I was summoned today to my doctor's office for an interview with my lawyer. They didn't want him on the ward, obviously. I shaved and dressed in my lawyer's suit out of mothballs from my law school days. I'm going on trial Monday. Powell rocked back in his chair, smiling his maddening smile, exuding superiority. I asked the lawyer about his getting me out of here. Powell's chair came down with a thump and he refused to allow any discussion of that useless topic. The lawyer wouldn't take any initiative; he's being responsive to the man with the chequebook—my father.

April 18, 1966: The crown has dropped the charges. My lawyer gratefully closed the file. I guess he figures he's done his job; he's saved me from jail. At what price?

Powell comes around to tell me how ludicrous he thought my performance with the lawyer was. "You sounded like you were talking about somebody else." Brilliant. I was talking about somebody else. I was talking about the guy who got fucked up and stole some cars. He and I barely know each other. What did he expect me to do? Wear a black shirt and white tie and walk in carrying a violin case? Sit in the chair with my head hanging down and a tear trickling down my cheek? I probably know as much criminal law as the lawyer. Should I pretend I don't? Shit, that little prick grinds me. But he can afford to be supercilious. He goes home at 3:30; I'm not going anywhere.

April 19, 1966:

Happy birthday to me
Happy birthday to me
Happy birthday, happy birthday
Happy birthday to me

A parcel arrived this morning from Mom and Dad. Socks, cigarettes, cookies. They think I'm at camp.

April 20, 1966: Good for John—a change. He's turned red. Chameleon? Naw, just side-effects from the dope.

April 23, 1966: John got tired of red and thought he'd try blue. Rod cut him down, though.

So, c'mon, let's hear it for chemotherapy. Give us a C. Give us an H. Give us an E . . .

If I thought I could stand seeing the food twice, I'd puke.

April 25, 1966: I struggle to be an individual, to exercise some degree of self-determination. I am doomed.

They say, "Pick up the garbage."

I say, "Give me a job that has some meaning."

They say, "Pick up the garbage."

We are at an impasse.

The impasse is resolved. They lock me up again. Clang.

April 26, 1966: I don't seem to have much bargaining power. How would Ahab have handled this?

Making it

April 27, 1966: I hate this place. I hate Powell. I hate myself. Yet I look around and see people who are making it here. For them it is a haven safe from the horrid shocks of the world. If your IQ is low or if you barely survived your birth or if you have scrambled your brains in a 100 grand mal dives, you probably will like the undemands of the OHK (Ontario Hospital, Kingston). You can walk in a

line around the carefully landscaped grounds, you can see a movie and knit the now-famous little wallets and nice ladies bring cookies once a month, bingo too. You can shit your pants and wet the bed and anyway you've been here fourteen years and couldn't leave if you wanted to.

I look at the BP and wonder why he's got town parole and why I'm locked up. He's supposed to have killed two people. He's supposed to have tertiary syphilis. I know he beats the shit out of the weaker and slower patients. I know because I've managed to stop him a couple of times. (He has some kind of respect for me, the source of which I don't understand.) The staff give him a lot of leeway. It's easier to accommodate him than to call in six men to put him in a strongroom. Anyway, he keeps order, kicking people into line when they interrupt the attendants' card games. Me, they don't need to accommodate. I'm not anxious to be beaten up, I can't see the point. (I've also got too much imagination to be that brave.) And—if I make it—I get out. The BP is a lifer.

Later. There've been times when I thought this place was hell. But I've grown used to the various deprivations and no longer cringe at the more horrible happenings. So it can't be hell. Is it limbo then? A prison of oblivion?

Later. You are not hungry? You must eat. It is easier for us to make you eat than to allow you to interrupt the mechanics of hospital routine. This above all, my boy: the smooth function of the machine. We have schedules for bathing, shaving, sleeping, eating, changing beds, singing, dancing, talking, resting, working, and you shall do nothing except at the appointed time. Do not be so foolish as to talk at 11:15, to sleep at 6:01, to bathe on Wednesday. You will be punished. The whole order of this universe depends on your timing, on your adhering to the schedule. There is, however, no schedule for screwing; you are to forget about that.

Obviously, I resist structuring. In my little way. I am clever, I am manipulative, I am able to get little favours. I both applaud and hiss myself for each little favour. I begin to realize that I'm prolonging my imprisonment. I grow cunning. I behave expediently and I suppress the rage I

feel when I see Powell's sarcastic face. I do everything when, where, and how I am supposed to and, lo, I "progress." I move to an "active" ward. I am, however, a little suspicious. It has worked too well. Something must be wrong.

Active

May 4, 1966: "Active" is about as euphemistic as you can get. One—count 'em—patient goes out to work each morning and returns each night. The door is, however, open. Just try to go through it without being asked the password. The doctor lavishes one entire hour on this ward each and every week.

May 8, 1966: The ward supervisor caught me crying this morning and got very upset. "What do you have to cry about?" I didn't know where to start, so I didn't.

Night on the ward—a refuge
the drone of many sleepers.
In repose, their faces lack
the wildness of the day.
Yet reminder of where we are
now a hideous shriek, a pacer in the hall.
Mutterings and hammerings
and gaunt sockets staring.

I'm an elevator. A hundred technologists designed and assembled me. My program was faultless. A million fingers pressed my UP button. But I didn't work. Turn off the MUZAK, press ALARM, call the mechanic. But everything checks out. The two built-in responses—Door Open, Door Close—fail. The light at the top of the shaft is on but the elevator isn't seeking it. The DOWN button was programmed out at the start. What could be wrong? The elevator had been going UP as directed, the door opened and closed at the appropriate time, the maintenance was on schedule. Why is this program being reject-

ed? Confusing. There is only one thing to do. Get rid of it. I am taken out of the shaft and junked. I lie in a heap, wires trailing. I hum softly, despite my lack of power source.

May 13, 1966: SCANDAL ROCKS THE HOSPITAL—SOMEBODY BETTER INVESTIGATE SOON SAYS SOMEBODY

Well, well, well. Such buzzing and tittering and heh-hehing has seldom been heard. Seems that last night a furtive foursome was discovered in the basement of the new hospital. Down by the morgue, they are saying, but that smacks of cheap journalism to me. The line-up: two attendants, one of them married, and two teen-aged girls, both patients and both . . . significant pause . . . under sixteen. What ever could they have been up to? (let no wag utter "to the child".) Lurid myths spring up like weeds. I'll probably never know what really happened.

What interests me most is the sort of response one should have. We will carefully ignore (for the sake of argument) that it doesn't matter whether a girl of that age is willing or not. Waive the whole Criminal Code if you like. We are still left with a problem. What if they get pregnant? (This looks to me like sour grapes, said the dog in the manger to the cat who just fiddled.) There's rape all around us anyway. It will have blown over in a week and you can be sure there will be no charges laid. Nossir, the administration takes care of its own, and if some back ward gets two very young patients, all the better—the grants will be bigger. I was tired of the whole story before I started writing it. Wonder why I did?

May 14, 1966: I walk into the washrooms this morning and there is Allan washing the mirror. Allan is about twenty and has spiky hair sticking out of his head at about 49 different angles.

"Washing the mirrors, eh?" I say, brilliantly.

Allan doesn't answer. Rightly. The staff are always saying things like that—"Walking up and down the hall, are you?"—and wondering why they get no response. They hurry off to write in the book "out of touch with reality" or

some such. But then something makes me think that Allan hasn't heard me come in because he leans closer to one mirror and whispers "mars." He moves to the next mirror, peers into it and whispers "mars" again. And so on, down one row and up the other. (I look in the mirror closest to me—just to make sure—all I see is myself looking into a mirror.)

Allan confronts me.

"You know, I used to jerk off all the time."

"Never mind. Everybody does."

"My mother told me it'd make me crazy."

"Lots of mothers say that."

"She was wrong."

"Oh?"

"Yeah, jerking off didn't make me crazy. My trouble started after I tried to fuck that chicken."

Then he walks past me out the door, leaving me somewhat confused: who to curse—his mother or that reluctant chicken?

Re-read the above. It's disturbing. I don't know anything about Allan and yet I have made the assumption that he's crazy; racing around playing baseball and beating the drum in the hospital "Orchestra" and zipping in and out of the art room and chopping out stumps on the grounds. What do I think this is—Bigwig Inn? And this, this Pretentious Journal of mine! What an elaborate trick I'm playing on myself. I am teetering on the edge. What if I drop on the Lifer side? Will this journal comfort me forever? Another disturbing thing is that I've fallen into the same error that the staff have; they don't look at a person, they look at the person's tag. If it reads "patient" then that person is nuts and is treated as such. And there's no more effective way to keep a hospital full than by treating everybody there as though they were wingy.

I've encountered a lot of puzzled looks since I've been here; staff I don't know ask me when I started and what ward I'm working on or what medical school I went to. I suppose it could be a put-on but I expect that I look too "normal" to be a patient. (Maybe I could grow an antler.)

What is a madman? I'm functioning. I might even be

considered succeeding in this frame of reference. I mean, who hit a home run today? Who filled out three attendants' income tax forms in March? Who has been on five wards? Who? Who? Yes, but who has been unable to grasp the hard facts of his situation? Who has been unable to move toward that door in any real sense? I haven't been able to run away and yet I know with my gut that this place is poisoning me. I haven't been able to come up with an alternative life for myself. I'm still hanging on to some stylized vision of Carol and the baby out there somewhere, all clean and comforting and warm. But what if? And there I stop because it's too dangerous for me to go on. Oh, have you got me in a box! Do I really have to be frightened to death? You, Powell, what are you doing? I say to you, "I'm sad" and you say smugly, "This isn't supposed to be a picnic." That's such a help.

I have realized that I have a lot of things to work out. Things were going up, up, up at such a rate, I was too busy to think about what I was doing. Then everything went down, down, down even faster. Is this where I stop? How long? Or am I sliding into a deeper pit? I'm running, running, that's what the baseball, the orchestra, the art room are all about, keep running, don't get off the merry-go-round, spin, spin, blur all the ugly realities, in this, some minor league version of what I was doing before, if I can't be Joe College, never mind, I'll make do with Joe Funnyhouse. If ooooooh, fuck. Enough.

There is nothing wrong with Doug. I have lived with him for ten days and I have reached the conclusion that there is nothing wrong with him. So I'm letting him out. Trouble is, he won't go. He's got nowhere to go and nothing to do when he doesn't get there. But he even gets a bad shake in here. Not being crazy he doesn't get messed around with daily overdoses of drugs; however, being diabetic, he still gives them a chance to screw up his insulin two or three times a week and you shouldn't do that, Doug, you're asking for trouble. The other thing you shouldn't do is respond truthfully to the inane questions. Such as . . .

Nurse: Where are you going, Mr MacDougall?

Mr MacDougall: To take a shit.

Oh no, that's unwise. Very unwise. Sociopathic, probably. Pretend you don't mind the constant invasions of privacy, the attendants under your chair peeking up your bum, pay them no mind. Who cares if there are no doors on the shithouses, all that delicacy about bodily functions isn't good for you anyway, invite all the staff into the tub with you, empty out your night-table drawer so a couple can crawl in there too.

Old Grenville is right. "Don't spyhole me." But for Grenville and Doug and me, it's pointless to protest. They all got first-class honours in spyholing. They aren't about to let their spyholes rust.

May 20, 1966: There are consolations to be found almost everywhere, I hope, and one of mine in this has been Chummie. He just left today and that's good for him and not so good for me, but I'm glad he's gone. I first saw him just before I got transferred over here and I was sure that the Prophet had come among us. He was wearing a hospital gown of dazzling white and his black hair touched his shoulders. Above the beard were very startling blue eyes. He told me he'd done the turn-off scene. I heard later, from Bill, that he'd tried again on the ward. Drank a bottle of wintergreen. Caused a bit of scurrying around, I imagine.

I'd never have seen Chummie again if he hadn't been so handsome. Not that I refuse to see anyone who isn't handsome. That is not the reason. No, the reason is that a certain nameless nursie found Chummie so handsome that she couldn't bear to see him so few hours a week but needed to lure him to her home—first luring her husband out of his and her home—so that she could see Chummie some more. That, of course, bugged up the accounting at the hospital—hmmm, only 39 nuts here, 40 on the list. Chummie arrived on Ward Six.

Chummie would never have been on Ward Six so long if the same certain nameless nursie had not been so unprofessional as to practically plant herself outside Chummie's window and make all manner of suggestive

suggestions up at it.

To get back to my memoriam. Chummie was eighteen. Still is. He thought journals were a good idea, kept one himself and encouraged me to write in mine. His entries were coded, however. He wrote some little poems and kept track of the days . . . day no. 57, day no. 58 . . . or DNM-7, DNM-8, which signified the seventh and eighth consecutive days in which he did not masturbate (ah, lenten deprivation).

Chummie and I were put on Group 2½ at the same time. This was a special grouping that allowed activity at the ward supervisor's discretion. A ratio established itself. Two hours of sucking ass—polishing brass switch plates, cleaning windows, scrubbing walls—to one hour out. We bought it. We were glad to. Outside the sun was shining, waves were crashing on the rocks.

Chummie and I were the key men on the Rockwood ball team, at least until Chummie decided he wanted to spend the ball game cuddling with Nursie up the hill. I was pissed off—we needed a long ball hitter—but couldn't really blame him.

Some over-extended staff person decided to go modern and try a little group therapy and Chummie and I were invited because we were "active." We were supposed to get up the loafers. We didn't play. We admitted we played baseball, we worked on the outside gang, we went to the art room. Why did we do it? You had to do something to keep from going crazy. The psychologist's face falling rapidly makes up for two or three pounds of horseshit. But we continued with it anyway. It got us off the ward for the morning.

Open House: come and see the musical rides. Chummie entered into the spirit. He had me sit in a chair with one leg folded up under me and a boot strapped onto my knee. Then, just as a string of eager sightseers trumps through, he lets out a bloodcurdling laugh and kicks me right in the congenital deformity. Good stuff. The string of eager sightseers unravels. Chummie and I are "spoken to" later.

So now I'm on my own again. I couldn't in any good

conscience wish that he had stayed longer. This is no place for a man of eighteen. No place for anyone of any age, for that matter. Good luck, Chummie, wherever you get to.

June 15, 1966: I've got a handful of saved-up nickels and dimes in my pocket and I'm on my way to the new hospital to make a phone call. There's a reasonably private phone there. I want this call to be reasonably private.

I don't need to look up the number.

I have rehearsed my speech. I wish I had the other half of the script.

There is, I've heard, a tide in the affairs of men.

The six-month exile is over. The silence is going to end today. In about ten minutes. I'm going to call her and say that I want to begin again.

Oh.

July 10, 1966: "I don't want to try again," she said.

"I don't want to try again," she said again, perhaps because I didn't respond. That is, I don't know what I responded or if I did. I don't remember anything of our conversation after that calm "I don't want to try again." I do remember a feeling, a feeling like falling out of an airplane; cold, cold and bottomless.

The clock said 7:03.

I walked back to the point and stood there, looking across the lake. There was a strong wind blowing. I tried to grin in the wind.

Inside my head—nothing, nothing at all.

The emptiness is still with me but it's got a lot of second-guessing for company.

How could she have been so calm? I was almost falling down. I might have been asking her if she wanted to take another shot at throwing the ball into the milk can at the Ex. Funny, I'm supposed to be the cool customer.

I've been upside-down and inside-out and backwards. I've accused her: "Carol, you are a cowardly, cop-out bitch." Again. "Carol, you are a cowardly, cop-out bitch." More conviction. I've accused Them, oh yes, They were

the ones, They confused her with their double-think, of course, They promoted the six-month separation. They intercepted and destroyed all her letters, her dutiful, loving, daily letters. They smoked up all her gift cigarettes; it's a plot, They're trying to break me, well, by God, I'll show you who you're messing with, I'll smash clean through the wall and go to her and straighten this out. Mostly, I've accused myself.

The shock is wearing off. I must have known. I must have but somehow I didn't. I couldn't. I had to have something to hang onto during the winter, that black winter, something clean and shining and warm. Crossing the days off must have seemed like progress.

The light at the end of the tunnel is out.

Hey, Carol, do you have any idea what it's like in here? Do you know how much I've been counting on you to rescue me from this? You've let hope out of the box. I've nothing left, do you hear me, *nothing left!*

One more thing. As long as I could dream of going home, I didn't have to get out of here. Why else would I have come back after I ran away? Now that I have nowhere to go, I can leave. *But I'm already nowhere.* Hell of a place to build a new life. It's going to be a good trick.

I don't feel tricky.

The staff is embarrassed. I wonder why?

Shit, if I stay here long enough, maybe I'll see some humanity yet.

Therapy

Don Bailey

[from *The Therapy of Joseph Small*, unpublished]

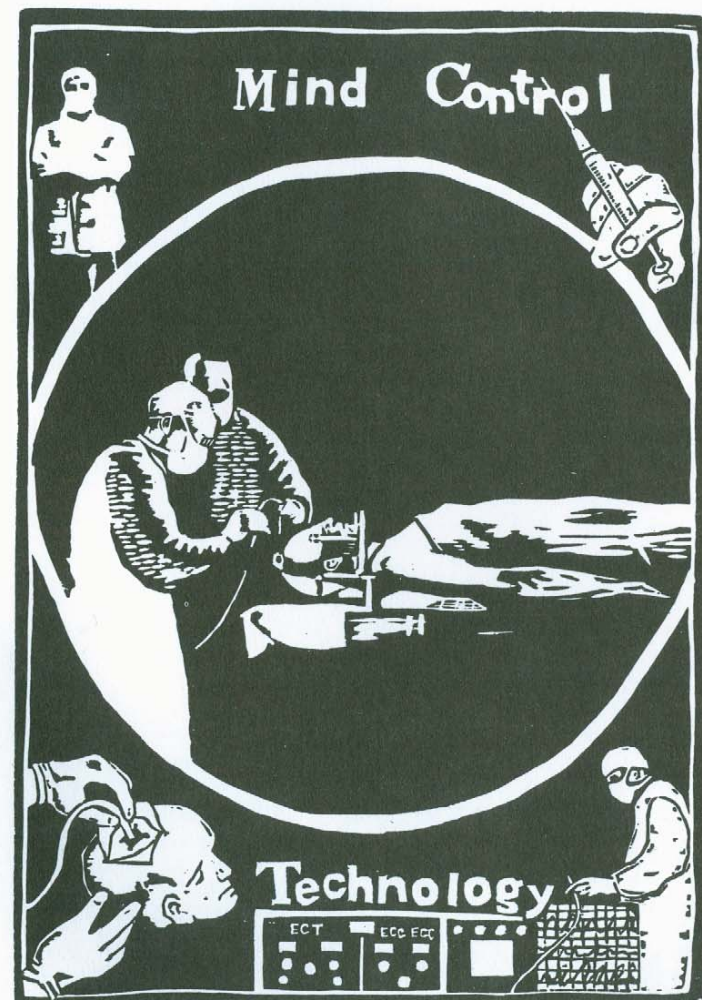
my doctor assures me
I am a decent man who has
suffered some bad experiences
at the hands of women: since i am
a voluntary patient and my paintings
are hung in galleries in most large
north american cities, he feels
it would serve no purpose to turn myself in.

my lawyer recommended a short stay
in this clinic as a way of combatting
what he describes as my depression.
when I revealed my crimes, he listened
attentively, almost with a kind of
fascination and when I finished he
wept softly for my guilt and then shouted
it served them right, they were all bitches anyway.

yesterday a young priest visited my room
and I confessed the whole mess to him.
he seemed unperturbed and suggested
I put such horror out of my mind
and think about getting back to work.
I asked him if he thought God

would forgive me and he assured me that
He would, especially if I prayed.

at night I dream of faceless
nurses in starched, white uniforms
with perky caps pinned in their soft hair.
they march past my bed in noiseless
rubber-soled shoes, carrying endless
trays of medication that I must swallow.
I try to refuse but their smiles pin me
to the bed and I wake up knowing the enemy is
watching.





Conversations With The Allan Memorial Victims:

The Canadian Nine Speak Out

These are excerpts from the transcripts of two television programs broadcast in 1984: one broadcast on CBC's "fifth estate" program on January 17, 1984; the other broadcast on ABC's "Close-up" on January 30, 1979. Nine Canadian victims of the late psychiatrist Ewen Cameron, including Velma Orlikow, Jeanine Huard and Robert Logie, are suing the CIA for funding Cameron's brainwashing experiments.

Eric Malling (interviewer): In 1965, suffering from depression after childbirth, Mrs Orlikow was referred by her Winnipeg doctor to a top psychiatrist in Montreal. She was about to become part of a CIA experiment code-named MK-ULTRA.

In Montreal on the side of the mountain overlooking the city stands an ancestral home bearing a name worthy of an Edgar Allan Poe horror tale—Raven's Crag. Donated to McGill [University], Raven's Crag became the Allan Memorial Institute for the Treatment of Mental Illnesses. Here the CIA channelled money for MK-ULTRA, Sub-project 68, which became a real-life horror tale.

The project chief in Montreal was Dr Ewen Cameron, world renowned Chairman of the Department of Psychiatry at McGill and Director of the Allan Memorial. The CIA funded the medical experiments through a front in

New York called the Society for the Protection of Human Ecology. Velma Orlikow came to the Allan for her postpartum depression.

Orlikow: Everybody in the hospital was very much in awe of Dr Cameron. He strode the halls like a giant. People would say, "Oh, there but for God, goes God." I thought, how could he possibly take me for a patient? Who am I? I mean this great man who's done all these marvelous things. I better work hard and do everything he tells me.

Malling: Like Mrs Orlikow, Mrs Jeanine Huard of Montreal came to Dr Cameron depressed after childbirth. She too was in awe of Dr Cameron.

Huard: He was a very impressive man. He would look at you a few minutes, ask a few questions, and proceed with the treatments.

Orlikow: I never saw him once that I wasn't afraid. Every time I saw him coming down the hall, I'd shake with fear.

Malling: Dr Elliot Emmanuel knew Cameron.

Dr Emmanuel: He was an authoritarian, ruthless, power-hungry, nervous, tense, angry man—not very nice.

Malling: At Raven's Crag, Dr Cameron went farther with drugs and electric shock than any of the US researchers in the MK-ULTRA project dared. His aim was to wipe the mind clean. Then he would impart new messages by forcing the patient to listen to a hypnotic repetition as many as a quarter of a million times. This was called psychic driving.

Most of the drugs in the program were experimental—some were dangerous. There was curare, which pygmies tip their arrows with to paralyze victims, and lysergic acid diethylamide—the hallucinogen LSD.

In her room at Raven's Crag, Mrs Orlikow waited for her first treatment.

Orlikow: Well, I saw a tray with a hypodermic. The card had my name so I looked more closely. I phoned a friend who was a psychiatric nurse, and asked, "Do you know what it is?" She said, "I've never heard of it." But

she had a friend who was a psychiatrist, so she phoned her friend. She called me back and said, "He said this stuff causes a poisonous psychosis. He said not to take it." Well, I thought, you know, her friend is a very Freudian psychiatrist who doesn't believe in medication of any kind. And after all, here is Dr Cameron—I mean, he's the big doctor and he's known all over the world. He wouldn't do anything that would hurt me. I took the injection. And it really did create a poisonous psychosis.

The room became very distorted. I thought my bones were melting. I saw the squirrels outside, and I thought, they're not the squirrels, I'm the squirrel. I'm in this cage and I can't get out. I started to throw myself from side to side in the room. And I couldn't write. They had given me a pencil and paper and asked me to write. I couldn't focus, I couldn't—I don't know—it was like some kind of funny hell I'd fallen into. I don't know how long that went on. I felt that my life was threatened. I could never go back to what I'd been.

Malling: Robert Logie of Vancouver was eighteen when he came to the Allan complaining of trembling and severe leg pains, diagnosed as psychosomatic.

Logie: LSD was terrifying. They gave it to me twelve to fifteen times. One minute I would see the doctor there, the next minute I wouldn't. And they were asking me all kinds of questions. I remember them telling me that I was getting smaller and smaller. I really felt myself getting smaller. They were bringing me back in time, way back. I felt I didn't have any control.

Malling: As well as experimental drugs and massive electric shock treatment, Mrs Huard was subjected to psychic driving. Hypnotic-like messages were repeated over and over again to a sleeping patient, sometimes for as long as sixteen hours in a row. *Simulated message: Why are you running away from responsibilities, Jeanine? Why, Jeanine? Why?*

Huard: I would try not to let my mind catch all the message, but they would lower my resistance so much with the drugs, I couldn't do otherwise. I didn't want it. I knew in my heart it wasn't good. But you know, you're in

the hospital with the best doctors. So what can you do?

Orlikow: I'd say, "I can't, I can't take it anymore. I don't think this is doing me any good. I feel worse." And he'd walk down the hall a little way and put his arm on my shoulder and say, "Come on now, lassie, you know you're going to do it."

Malling: The electric shock treatments were administered on an unprecedented scale. It was called depatterning. The mind was short-circuited so the psychic driving messages could be planted on a clean slate.

Logie: I started to run away from the hospital, and they grabbed me and put me on sleep treatment. They kept me asleep for 23 days. While I was asleep they were shocking the heck out of me and playing tapes.

Orlikow: There was a gentleman who jumped off the roof of the Allan. I don't think he had LSD, but he had sleep therapy with psychic driving. He went around, big smile on his face, said goodbye to everybody, went up on the roof, and jumped. He landed at the door of the Allan. No one would go in or out of that back door for a long time.

Malling: No surgery can undo Dr Cameron's work at Raven's Crag.

Huard: Now, I cannot go to sleep without medication. I have migraine headaches that last a week at a time. I have slight amnesia. I have a lot of trouble concentrating.

Logie: I've never been able to sleep without medication since the sleep treatment. I went through years and years of severe depression. I dream about it. All my waking hours, I think about it. It's eating me up.

Orlikow: When I first went home to Winnipeg, I attempted to take my own life because I couldn't endure the way I felt. I have a chronic need. I'm very dependent on people. And I have a chronic depression which at times gets worse.

Huard: Not being with my family, not being able to follow a career, not being able to study anymore, which I wanted to do very much—I would say it cost me my life.

Orlikow: When I found out about the experimental research that this really was, I was outraged. I mean, I

couldn't believe that . . . how could anybody? I thought of all the people who have been hurt, and nobody was ever helped by all this damn stuff, and all the misery that I at least went through. This is why I never got better. But damn it, I could have maybe had a different kind of life and that makes me angry and sad. I don't know how to explain how I feel, really. I think it's inhuman. I don't know what kind of people could cause this to be.

Breakthrough

Linda Macdonald

Linda Macdonald was 25 years old when she unknowingly became an experimental subject of the late psychiatrist Ewen Cameron at the Allan Memorial Institute in Montreal. This is part of her story about what happened to her during the six months of incarceration in that psychiatric institution.

The name on my admission chart at the Allan Memorial reads "Linda Helen Cowan (nee Macdonald)." It was March 28, 1963. A young wife and mother, I was to become one of the last victims of Dr Ewen Cameron's experiments on the human brain.

I am 49 years old today. I accept my age only because my birth certificate validates the time, day, and the place of my birth. In reality, *my* reality, I am 23 . . . I have no memory of existing prior to October 1963, and the recollections I do have of events of the following years until 1966 are fuzzy and few.

My mother and father and a few childhood friends have spent endless hours trying to give me back some connection with my lost past. They tell me that I was a happy, gregarious child; that I loved and studied music from the age of five until I left home to become Philip Cowan's wife at the age of eighteen; that I started writing poetry when I was eight and had a few pieces published before I was thirteen; that I had achieved some measure of respect in the critical music circles of Ottawa as a promising young

lyric soprano, and that I married my childhood sweetheart and became the proud mother of five babies in less than four years. The person who was "me"—the person I was and will never remember being—birthed her first child in 1957, her second in 1958, her third in 1959, and healthy twins in 1961. Nothing remains in my memory of any of those learning, laughing, loving years. Dr Cameron's "brainwashing" experiments wiped my brain clean of every experience I had ever known.

I had no reason to question Cameron's "schizophrenic" diagnosis until I heard rumblings in 1984 that his "experiments" had been funded by the CIA and that they were being investigated and challenged in court. From 1963 until 1984, I had lived with the belief that I had been insane.

It was remarkably uncomplicated to become one of Cameron's guinea pigs; he needed human beings, preferably women, to experiment on. People suffering some degree of sickness are easily found in hospitals and are usually vulnerable, as are their relatives, to persuasion by renowned, supposedly ethical members of the medical profession. Ewen Cameron was, in the 50s and 60s, reputed to be a famous doctor with impressive credentials. With no reason to suspect "foul-play," Philip Cowan committed his tired, overworked, sometimes depressed young wife into the "care" of Dr Cameron and the teaching staff at the Allan Memorial Institute.

According to my medical files, I was a walking, talking, coherent, functioning human being upon my admission in March 1963. I was heavily sedated *before* I was given three routine psychological tests. I received a basic physical check-up and it was confirmed that there were no abnormalities. My file states I "slept a full and undisturbed sleep" without the aid of sleeping pills. Within three weeks of my arrival at the Allan Memorial and in spite of my "normalities," Dr Cameron diagnosed me as a "possible paranoid schizophrenic" or "manic depressive." He told my husband I would be institutionalized for the rest of my natural life if he did not agree to "deep sleep" treatment. Cameron *did not* inform Philip or any other member

of my family *what* his treatment included. I also was not informed and there is not a signed consent form anywhere in my file.

One short month after my admission, I became a comatose guinea pig on North 2—the “sleep” ward at the Allan Memorial Institute. For the next two months and thirteen days I existed in a constant state of coma . . . 73 barbituate-induced days of sleep. I also was subjected to 109 electroconvulsive treatments (68 Page-Russell ECTs and 41 Offner ECTs) concurrent with high doses of mind-crippling drugs.

My medical record states that most of the Page-Russell shocks were delivered in double doses. They would zap my brain with 150 volts of electricity six times in rapid succession, wait a few hours and repeat the procedure a second time. “Depatterning tapes” were driving under my pillow, electricity was destroying my brain cells and barbituates were pumping into my body day after day for 73 consecutive days during that summer of ‘63.

This information, I repeat, comes directly from my medical file. I cannot confirm or refute the data because I do not have a memory of any part of this time in my life, nor of any other time in my life preceding these experiments. Dr Cameron’s objective, “to remove a total memory,” was achieved—absolutely in my case. And my family cannot validate the contents of my file, for they were allowed only one visit with me during my incarceration that summer. My father, though, does remember his daughter sitting in a chair staring off into space like a “zombie.”

I was incontinent two short weeks before my discharge. Fortunately for Philip, it appears I learned a few essential motor skills before he took me home. There was no rehabilitation program, no counselling. Such follow-up treatment would have been contradictory to “experimentation for the sake of experimentation.” I had been a guinea pig and my brain had served their project well. Within the first two years after my release in September 1963, I twice tried to kill myself.

I did not know the young man who would try to teach his wife, an infant in a grown-up body, everything she

needed to know to survive in his world. I ended up resenting him. Several years ago, I was finally able to let go of my anger towards this man who calls himself my husband. He too was a victim of Dr Cameron’s devastating tricks on the brain. How could anyone know how to live with, love, nurture and teach a totally “wiped” human being, especially when doctors in the 1960s slammed their doors on us each time we mentioned Dr Cameron’s name and the Allan Memorial Institute?

My parents were introduced to me that winter of 1963/64. Of course, I did not know them. The children came back from wherever they had been living. I had no idea who they were and I certainly had no sense of what a “mother” was. They were all “older” than I; the oldest could read and write—their mother could not.

I remember how frustrating it was trying to learn to read . . . without a past. Words had nothing to hang on to . . . they sat on a page without meaning. I carried a dictionary everywhere I went for the next five years, trying desperately to understand the language of my world. Until I was old enough to be aware of myself and until I began to claim a sort of identity, I was like an infant, incapable of embarrassment. Those first few years are fuzzy in my memory bank. But what I do remember plays back with little emotional pain.

As time went on, my living and learning became a frantic, hellish, groping mess of failures with few successes—just enough to spur me on. But I kept going. I’ll never know where my undaunted determination came from. Some caring people have suggested that Cameron’s experiments could erase the memory of a life but could never erase the life-force born in me in 1937. I want to believe this. I need to believe that some part of who I used to be survived Cameron’s criminal assault.

I lived in constant terror that I could get “sick” again—that the “other” Linda would come back and reclaim my mind a second time. Until 1984, I had no reason to disbelieve that I’d been “schizophrenic” and that Dr Cameron had saved me.

In the late 1960s, through avid reading of personal

growth material and through the miracle of being a "risk-taker," I began to assert myself. I wasn't easy to live with. I discovered I had a brain, a mind of my own and I was going to use it before I lost it. My growing-up threatened my marriage. I became a divorced woman and a mother without children in 1972. There are no words to describe the pain these years of separation brought, but by the mid-70s, I knew I was a survivor, a person who could live each day as it dawned, trusting that I could cope with whatever the world had to dish out.

I am well today—not because of Dr Cameron, or the Allan Memorial, the CIA and the Canadian and American governments which funded the diabolic "brainwashing" experiments, but in spite of them. I want compensation. But how can anyone estimate compensation for the loss of 26 years? The loss of learning, the experiencing, all the theory absorbed, the skills acquired, the confidence earned over the years through interactions with family and friends, the social awareness, the values, opinions, and moral decisions made during those years. The stuff we are today grew from the roots of our early experiences inside family structures and cultural scripts. I do not have these roots and never will. I have no memories of any of the formative years upon which to build my todays and tomorrows.

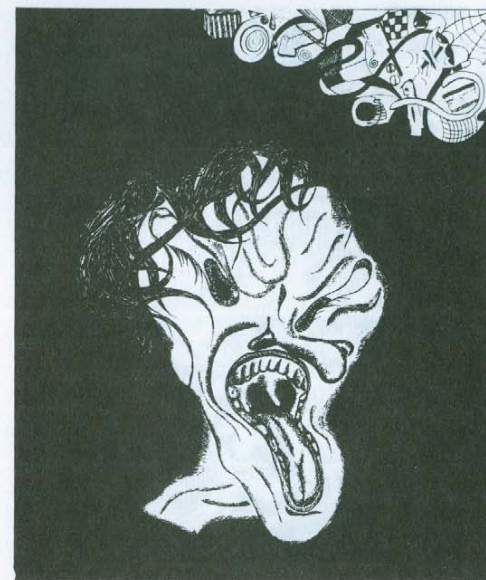
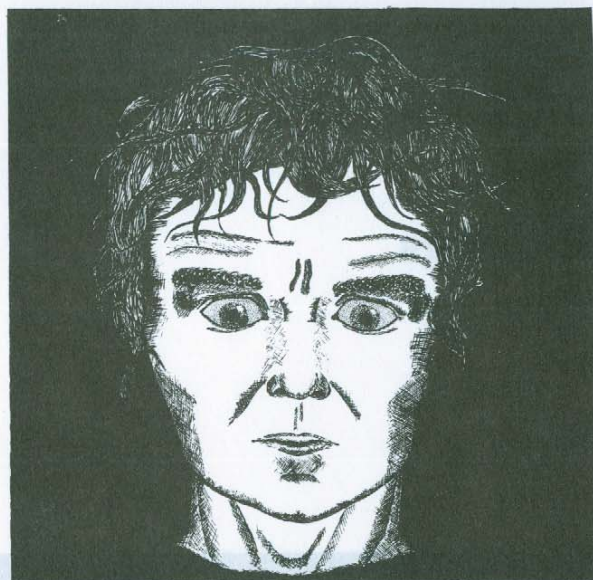
A woman robbed of her life, I had decided to share my life with you. If sharing my personal experience can help to educate the public so that such abusive experimentation will not, for any reason, with or without consent, be performed on human beings ever again, indeed something positive will have emerged from a living hell!

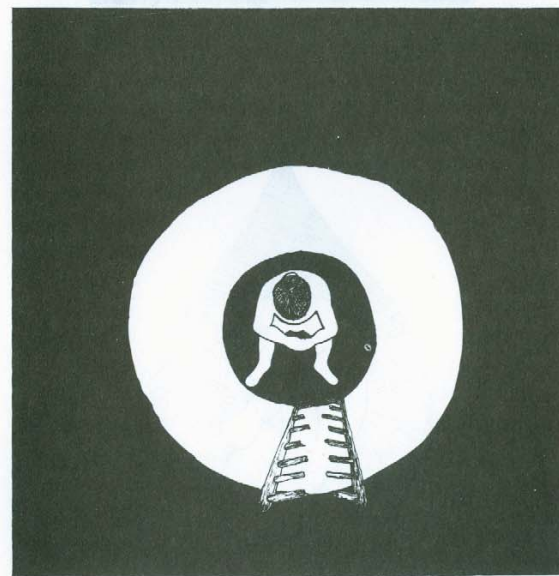
Dr Cameron had asked me
in the late 1960s through with reading of personal
son to discontinue that I'd been "schizophrenic" and that
I had to discontinue that I could get "stuck"
I tried to convince them that I could get "stuck"
again—that the "other" I had would come back and
reclaim my mind's control time. Until 1984, I had no one
to discontinue that I'd been "schizophrenic" and that
Dr Cameron had asked me.

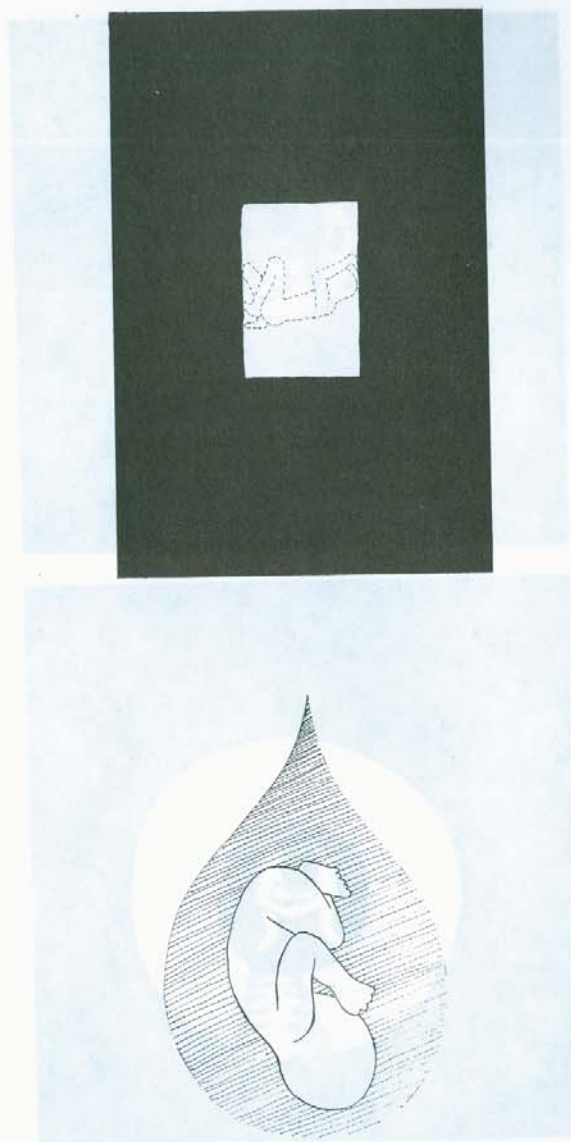
Drawings

Ryan Scott









This Is Therapy?

Harvey (Alf) Jackson

Alf Jackson is some 60 years old now and a native of Cabbagetown, a working-class community in downtown Toronto. He's a dedicated community worker for homeless, unemployed and "skid-row" people. Alf is also a co-founder of On Our Own, a self-help group of psychiatric inmates and former inmates in Toronto. He has been in and out of prisons and psychiatric institutions for about fifteen years: he's been diagnosed as "chronic alcoholic," "psychopathic personality," and "psychopath." This piece deals with some of Alf's experiences as an inmate in Whitby Psychiatric Hospital, Toronto General Hospital and Queen Street Mental Health Centre in the 50s, 60s and 70s.

I was sent to Whitby under a police remand in the early 50s. I guess they wanted to see if I was nuts or not. I got sent there for drinkin'—you know, a lot of people are nuts when they're drinkin'. I thought they tried to help me, I really did. Or maybe it's just because it was the first time I was in.

Dr Sweet once said to me, "You know, Jackson, you're all right if you don't drink." You don't have to be smart to know that! At that time, there was a helluva lot more alcoholics there than there are now. There was a feeling that it was some kind of help. If I had a problem or thought I had, or wanted to see the doctor during the day or next day, I'd get to see him. Then he'd ask me what the

problem or trouble was and we'd discuss it. He took the time to kinda make you calm down. He didn't push any pills or anything on you.

I had the DTs in the old Toronto General, it was in '54. In February, I went to 1170 Yonge Street [original location of AA], because I'd been drinkin' so heavy that I started to shake and I couldn't get off. I got worse and they took me down to the Toronto General to the "snake pit." This was for "mental patients" and alcoholics. Everybody was thrown together in kind of a cell-like atmosphere. It was a room in the basement.

They gave me insulin [insulin shock treatment]. You got the "hungry horrors." They'd shock you with a pint of insulin in the arms, and you could see your own skin jumpin' and you'd sweat and pass out, and when you woke up you could eat the table! You'd wake up on your own; they'd bring you down a pile of sandwiches, maybe ten or twelve, 'cause you could eat them all. This is what it did to you. It's a real forced feeding, yeah. The orderly there said it was to "boil the alcohol out of you," and I believed it!

They kept me there about nine days. They told me I was really raving after I got in, but I don't remember. I was raving about the cockroaches eating me up—I still can't stand the god-damn things. And from there, I went back to the Addiction Research Foundation, I was there three or four weeks, then went back to Whitby.

I really don't know how I got into Queen Street. This was in '68, I believe. I was up on 4B. We hung around the ward; the nurses and attendants would write down what you're doing and what you're not doing—it was just a general watching office. We were locked up, we couldn't go out then. But you could never see the doctor, never discuss what you felt, whether you were getting any better, or just where you were going. It's kinda funny when you think about it. You're in there, but you couldn't see the doctor to find out if you're getting any better or worse. At the time, they had a lot of trouble with group therapy, I think about two therapists quit or were run out of the hospital.

I finally got out and went to jail for nine months for attempted bank robbery. The mess of it is I don't remember being in the bank. This is what booze does.

Then in '70 or '71, I signed myself into Queen Street again for booze. It was almost the same routine but there were more open doors. You could get out after you were there a month. Dr M was supposed to be our psychiatrist. I say *supposed to be*, because when he was there you didn't see him anyway! I'd like to know when he ever talked to me. If they've got it on record I'd like to know that because while bouncing through one of the wards he'd never say a thing to me.

For most staff, it's just a job, eight to five, and they're gone! That's it. There are some people who try, their ideas are good and they want to do something, but the higher-ups check them. The higher-up is only interested in that piece of paper. When you're out of the hospital, they say, "Come back," but when you come back the warmth and feeling aren't there. They want you out so they can get the next person in. You're a digit on a piece of paper. They've got you out and you're supposed to be "cured" in their opinion.

If you're an alcoholic, you run back to the hotel, because you can talk to somebody over the table, a complete stranger, but you don't need this type of therapy. The therapy you need is to run into the hospital and say, "Look, I've got this problem, I'd like to discuss it, it'll only take five or ten minutes." And they'd say, "Okay, Mr Jackson, sit down, tell me what you think . . ." Before long, you wouldn't have to run in there, because you'd be able to help yourself, but meanwhile you need that help.

There should be more storefront community places—open 'em up and do something. What we need is a community health thing, some place where the individual person on the street can go and say, "I'm upset, I don't feel right. Is there someone I can talk to here?" See, this is the other way of looking at it.



Madness

Angeline Doucet

The blood slowly seeps
Through the two dead hands
As I sink into the decayed bodies
And try to sleep.

Fear is not an emotion.
It lives and caresses my body
As it rolls in waves
And tries to seduce me and paralyze me.

I lie rigid as my madness nears—
One foot wide, black with green mold
And white, slimy mucous
Oozing from its holes.

It grins as it slides on the floor
And the blood sticks
To its body as it climbs on the bed.
It enters my mouth and I do not resist.

It promises me peace if I surrender.
There shall be no struggle, no vomit, no deceit.
It caresses my lips, the roof of my mouth
I once believed to be so clean.

It touches crevices only male tongues have dared
And follows the contours of my throat

And finds its home.
It nestles warm and cozy in my soul.

I can rest but, Sleep,
I have a question you cannot answer.
As you wrap your healing arms around me.
Am I the victor or the conquered?

Modication

Marcel Boissonneault

Marcel has been in and out of psychiatric institutions in Ontario and British Columbia for at least ten years. From 1966 to 1977, he had at least twelve admissions. Since the early 1970s, Marcel has been "maintained" on Moditen, probably the most powerful and debilitating drug in psychiatry today. He's now on Haldol. This article is based upon an interview in 1979.

I've been on Moditen for seven years now. Moditen was introduced around 1970. At that time, I was on chlorpromazine and I'd been going from one hospital to the next. The head nurses wanted to give me something which would help me stay out.

I started getting needles once a week. First one cc, then one and a half. One injection lasts up to two or three weeks. They gave me the needle in the hip and used to tell me, "Take a deep breath and relax all the muscles . . ." At first, Moditen got me hyper. Before getting Moditen, I was slow like a turtle, withdrawn. Shortly after the needles, I started moving around like I'd been stung by a bee. I was talking a lot, anxious to communicate; I'd talk to anybody. The staff labelled me "manic-depressive."

They gradually increased the dosage until I saw a psychiatrist. He experimented with me to see how much I could take before I got hyper. He increased my dosage to three cc. He wanted to find out how I'd react. I ended up

like a chicken with its head cut off. I wanted to leave town, I wanted to get out and I was depressed.

Moditen still upsets me terribly. I am so tired when I wake up in the morning that I don't feel like doing anything. All I want to do is sleep. You dream a lot on Moditen, more than usual, and it makes you want to sleep more.

Moditen also upsets your bowel movements. You can't have ordinary movements, you have to take a laxative. Lately, I've had to take a laxative every night. I thought I was going to die a couple of times. I was so plugged up that I had to take an enema. I've been constipated on and off for years, sometimes for a week at a time. I used to pray on the john—no kidding—because I felt sure I was going to die.

Moditen also upsets your heart; you get heart palpitations. Once I nearly had a heart attack.

Moditen affects your will, your initiative. You have none. Most people end up being pensioned, which is what happened to me. I'll probably get my disability pension.

This drug is definitely affecting my memory. When I meet old friends, they tell me of times we've had together, but I can't remember. And I can't remember my friends. On Moditen, I lose track. Like, I'll write something at night before I go to bed, and when I get up in the morning I can't remember what I wrote. I can't get over this.

In 1976, when I tried taking a course in school, I couldn't learn. I couldn't remember a thing. How can you learn if you can't remember? I had a hard time concentrating. They had a reading lab there in Northern College in Timmins. I had to put on earphones with a tape recorder plus read some literature to figure out what they were saying. Even today, I can hardly read.

My mind is like a puzzle now. All I've got is bits and pieces. When I start talking about one subject, I'll suddenly change to another.

In Timmins, all of us who came to the clinic had "side effects." Some people had really bad side effects; their jaws would lock when they'd drink. I know about two of

these clinics here in Toronto; they're run by "999" [Queen Street Mental Health Centre]. Thirty to 40 people come every day. The staff call it a "Moditen Program"—like they're programming us to think in a certain way for two weeks at a time. They shake, their tongues go in-and-out like a snake, their jaws stay open, they can't stop moving, like Parkinson's Disease.

Since I've been in Toronto this year, I've had two bad attacks of pain in my neck and spine, right to the bone itself. I was given special medication and had to go to emergency at Wellesley Hospital. My whole body started to feel paralyzed. I warned the staff there about Moditen, what it does. Like, it also causes low blood pressure and your hands and feet get numb from sleeping and you got to get up. I've awakened a couple of times when my arm was paralyzed right from the shoulder. I couldn't feel my arm at all, and it was not even the one on the side I was sleeping, so you can imagine.

The pain in my neck last spring was something else. They had to give me special pills for it. I forget their names but they cost a dollar each and I had to take them three times a day. The pain was so bad that I could hardly turn my head. It felt like somebody had given me a judo chop in the neck.

I've also had the "shakes" and I got them today. The shakes create fear. All you know is you start to shake and get scared.

I've complained steadily about the medication. I'm seeing my doctor this Thursday and I'm going to talk about getting off. I don't want to be on something meant to control me. And that's all it is—*control*.

Don't Scapegoat Me

Brian

Brian was nineteen years old when he was first imprisoned, and spent almost ten years during the 1960s in both psychiatric institutions and prisons in Nova Scotia, Quebec and Ontario. He was finally released from Toronto's Lakeshore Psychiatric Hospital in 1969. This personal account is based on an interview with Brian in July 1975. Upon request, his last name has been withheld.

It was 1960. I had just come to Canada from France. I was always involved in gang fights and wars, things like that, and my foster parents were concerned. They sent me to an infirmary in Halifax to find out what was wrong. The doctors discovered I had an extra X chromosome (XXY). It's very uncommon; I was told there were only eight people who had it.

The doctors knew nothing about it at the time, so they experimented on me. They gave me these male hormone shots and explained they would make me either homicidal or suicidal. They were supposed to give me five milligrams for a week, but they gave me the whole works instead, a month's supply of twenty to 25 milligrams to see what would happen.

Then they let me out on the street. The first time I was home I went after my foster father and tried to kill him. Before they got me back to the hospital I was arrested and in and out of court for a month. I didn't care.

I was sent to that Halifax Hospital to determine if I was fit to stand trial. They also figured that my extra X chromosome might be the reason for my anti-social actions.

At Halifax Hospital there was no therapy, nothing. The only "treatment" I received was the occasional beating. It was like a jail in there. If you brown-nosed around the staff, you got beat up by the other patients; if you tried to make friends with some of the patients, the staff would get you. I didn't know what to do.

One day a few of the patients came to me and said, "Get in with us." And I did. These guys were always causing a disturbance on the ward. Like, I'd be playing cards with one of them, and then we'd start talking about what we were going to do; blackball somebody or just make trouble. The staff would always interrogate me because I was small for my age. I wouldn't tell them anything, so they'd beat me up. One of the staff was good at this. He wouldn't leave any marks on me.

They had this special place called the "safe room." It was a room with a bed and locker. They'd take out the bed and locker, throw you in there, and beat the hell out of you. One of the staff told me the reason he was doing it was to smarten me up, so when I'd come out of hospital I wouldn't be the way I was. But the more he beat me, the more I wanted to get back at the world. I figured, fuck, when I get out on the street, I'll get a gun and start shooting people up and get back at him. I did three months like that.

When I went back to court, they said the chromosome thing had nothin' to do with it. They gave me life—which was twenty years. I got in with a couple of guys and escaped. I got to Montreal and got picked up. I went to St. Vincent de Paul [Penitentiary] for about three days. There, the shrink said, "You've got to go back to Nova Scotia; we feel we can't handle you in the joint." So I went back to Nova Scotia Hospital.

In 1965, they put a Lieutenant Governor's Warrant on me and shipped me to Penetang. They didn't even tell me I was goin' to Penetang; they just told me I was goin' to a

place where they could handle me.

I remember the first day. They gave me the stupid hormone shots. An hour after I got the shots, I wanted to kill again. They figured if I got enough of the stuff I'd become more male.

In the early part of '66 or '67, they gave me a lot of Largactil [chlorpromazine], about 400 milligrams a day. My throat was dry and I didn't know where I was half the time—I didn't have a clue. The Largactil was blacking me out so I couldn't really do too much. They left me on the hormones and gave me vitamin C on top of it. When they took me off Largactil, I started getting tensed-up again. I had the feeling that if they let me back out, I was going to kill somebody. So I went after the staff.

I then got shipped to the "Ridge" [Oak Ridge, a division of Penetang]—maximum security. Dr B was on the scene then and I was sent to G Ward, which was completely insulated and segregated from the rest of the hospital.

Dr B had a program there called "dyads, triads and drugs." They gave me scopolamine, methedrine, dexedrine, sodium amytal—one shot after another. Like, I was on scopolamine four days. Then, when I dried out on that, they gave me speed, then dexedrine. Finally, I was taken off all medication.

Later, they decided to put me on drugs again. First, they put me on scopolamine. It is a drug that was used in the Nazi concentration camps to torture the Jews. And they're using this on me as an experiment! Scopolamine makes you disoriented. Like you'd be sitting there and you'll see bugs and you'll pick them off your pants, and you'll see a crack and it becomes a mountain. You become terrified of anything you're afraid of. Since childhood, I've been petrified of snakes, so I'd see all these snakes runnin' around, but they're not there.

When I came off the drugs, I was really paranoid and I was really uptight. I found the only way I could release the tension was to talk or bang out windows. They weren't gonna talk, so I had to bang out windows, then I'd get shackled and handcuffed. I felt like I was being tortured every time I turned around.

Penetang had a program called the "sunroom." They gave everybody a choice—to go or not go into the "sunroom." I didn't want to go in, but I was forced in just the same. They were scapegoating me and I had no say.

Dr B felt it would be a good experience for me and that it would smarten me up, so he put me in there. He said it was for "treatment—not punishment—to learn to get along," 'cause I couldn't get along with anybody. But I felt it was punishment. You lived with 27 other guys and you never left that room—you ate, slept there, everything. Like I could get along with these guys if I did what they wanted me to do, but half the time I was damned if I did and damned if I didn't. If I did what they said, then somebody would give me a "sanction," a punishment. If I didn't do it, I got punished anyway. I couldn't win.

I remember how they got me one time. It was when I was hyper. When I'm hyper, you can't get near me 'cause I'll swing out. So what does Bill, the supervisor, do? He gets me in the corner and comes towards me, so I swung at him and caught him in the throat. He was off work for about three days, and I was in handcuffs and shackles. My hands were cuffed and my feet cuffed. I had to eat like that, I had to walk like that, I had to sleep like that. The staff said it wasn't fair; Bill admitted it wasn't fair and said I should come off. But all the patients at that time said, "Oh no, we don't want him off." They had full say over the staff and the doctor. I spent three weeks in the "sunroom."

In '68, I was on five charges of wounding with intent to kill, and one on manslaughter. After I came out of Penetang, they sent me to Kingston Penitentiary for parole. At that time, you couldn't get paroled from another hospital. I was in Kingston for about a month for "rehabilitation." Then they put me on the street.

I couldn't get along on the streets. I had nobody to turn to. I had nowhere to go. I was home for about three days and my family threw me out. I didn't know about welfare, nobody told me; I ran out of money, and I got mixed up with Satan's Choice motorcycle gang.

I phoned Dr B at Penetang and he said, "Well, you still

got that warrant hanging over your head so either you come back or we'll send somebody to get you." I went back, more or less voluntarily.

I was given more of the usual run-around, but eventually I was sent to Lakeshore. They had started a new wing in Lakeshore, had new doctors, and it was just for guys from Penetang. They figured they could handle us. We could live there and go to work and come back. I wanted to go to school and get my chef's papers. The hospital and Manpower said that I couldn't read and write, so they weren't going to send me to school. Mr Patterson from the Board of Education arranged for me to take commercial and technical courses at the same time at George Brown College. I passed both with honours so they gave me a free ticket on the chef's apprentice program.

I've been on the street for seven years now. I've had a lot of hassles, but I've worked them out. If I had listened to the hospital and shrinks I would never have gone to school. I would never had learned to read and write. I'd never have my chef's papers. I did it and I did it on my own.

Of course, I still need support. I still need people to talk with, but I don't need a shrink. A shrink *tells* you what to do. I know myself better than he does—I mean, it's me. I know there's a lot of times I can't see things—but if you sort of talk to me so I can bring it out of myself, then I know what to do. That's all I need.

5





Teak-Lined Ward: A Diary Excerpt

Heather Duff

Information about Two East: All patients are assigned to levels which determine their freedom of movement.

September 28, 1984. Sam (in hall, struggling with bathrobe): Looks like a straitjacket so I turned it inside out.

Me: (laughing)

Sam: You seem all right to me.

Level I

- confined to ward
- wear pyjamas

Barb (in dayroom): Hare Krishnas stand on the street and sell things, like bears.

Sam: I'm sick as a dog. Bile! Bile! Bile! Yuck!

Barb: Once when I was in Paradise Valley, I saw two bears, Mama bear and Papa bear. They just padded along beside me. They send their warnings.

Sam: I'd like to go out where the sun is shining.

Barb: Black magic. Black magic. Erratic. Erotic. How many times can you say erratic-erotic? Pins and needles. Old MacDonald had a farm. Children of Nicaragua.

Sam: All is going to be well . . .

Barb: All will be in Welfare Land.

Level II

- wear street clothes
- off ward within hospital accompanied by designated responsible person
- off ward within specified campus boundaries accompanied by staff
- take part in hospital activities at discretion of staff

October 6, 1984. In Psych Unit for one week and one day. Went for four-hour pass with a guy I met at the Vancouver Youth Hostel. "Designated responsible person?" Got typewriter, went for walk on the beach. He said, "I went to a bar and saw the kind of girl who's only good for knocking-up and once you're there she doesn't know what to do anyway."

My designated responsible person seems akin to Dr P, who came into my room when I was dressing amid vomit from withdrawal from five different drugs. Dr P said, pen and clipboard in hand, "Tell me about your adolescence. Come on, admit the truth. You were into prostitution, weren't you?"

October 7, 1984. Talked to Mom and Dad on phone, long distance from Ontario. They're worried. Dr P told them that I had no values, that I had no direction in my life whatsoever. I just finished draft three of my new story "Sketches in a Newsprint Portfolio," about the poverty in the north end of Hamilton—characters: Erica, her abusive husband Owen, Ichabod the lunatic . . . Getting my strength back . . .

Thanksgiving theme in chapel, red branches of leaves on communion table. Direct Dilemmas: (1) Gretel, the fat German lady from the next ward, who sat on the red couch reading the paper and watching soaps. Found dead in her bed the other night. Strangled herself. Then cardiac arrest. Suspect foul play; (2) Sam, chemotherapy for cancer. Told he has two months to live . . .

Gretel's body is taken away. Sam, he is skin and bones. Death. Death teases me in the teak-lined ward, this Hilton of psychiatric hospitals, slumber room for living

corpses . . . Half-embalmed, the corpses lie mouths open in teak, mountains rainsoaked through the long windows, droplets on pines, the glisten of mist-shrouded ponds in the trees, lit by moon. Outside is so far away . . .

Sam goes for another treatment, loses another hair. "I tried to take my life three times until I got this cancer," he says, "And now I want to live—but it's too late . . ." Help me God. I am among the living corpses. Dr P thinks I am a whore . . . Sleep with me on the edge of a razor. Cut an edge of teak. My skull aches. I have taken on Sam's cancer for him. I am the woman eaten out. Strangle me on the blood-red couch wearing a grey flowered shift and pink slippers. I am strangled with Gretel . . .

They have mountains here and still have time to die . . .

Bejesus, cry. Cry, my heartless crag. Cry, my heartless skull. I want to make love on a mountain meadow . . . A bird of paradise is half-blooming in the dayroom. The Japanese girl screams to go back to Japan. Hush, look at the bird of paradise . . . Dry clay, a heart, a red red bleating heart. Jesus, sacrifice for my skull . . . cool me . . . break time boundaries.

. . . "Skullfear"—a good title for something.

Susan Musgrave, help.

October 8, 1984. Dream last night—junk store on 4th Avenue, tended by an eccentric junk lady. Store title: "The Reverend Prostitute" . . . meaning, Dr P still thinks I am a whore . . .

Level III

- always notify staff before leaving ward
- off ward by self within hospital only
- out of hospital on campus with group or designated person who is able to accompany
- off campus on overnight or weekend pass at doctor's discretion

October 12, 1984. . . . Home for the weekend. Feel

much better but headache still there. Flushed Tylenol with codeine down toilet . . . "I am hell" is dying slowly and Phoenicia rises. I am Queen Phoenicia, the burning bird . . .

October 14, 1984. . . . Dad phoned. Mom in hospital, cyst on left ovary. They cut out the whole ovary.

October 15, 1984. I can't sleep. Air conditioning ruffles toilet paper here in the washroom, only place with enough light and solitude to write by . . . Can't sleep. Nurses agitated that I can't sleep. Their agitation is more of a problem than my insomnia . . . Nurse wants me to take an Ativan. I refuse . . . A male nurse starts to drag me into my bedroom, insists that I "sleep" . . . No space, no privacy . . . I crave a sweet freedom morsel.

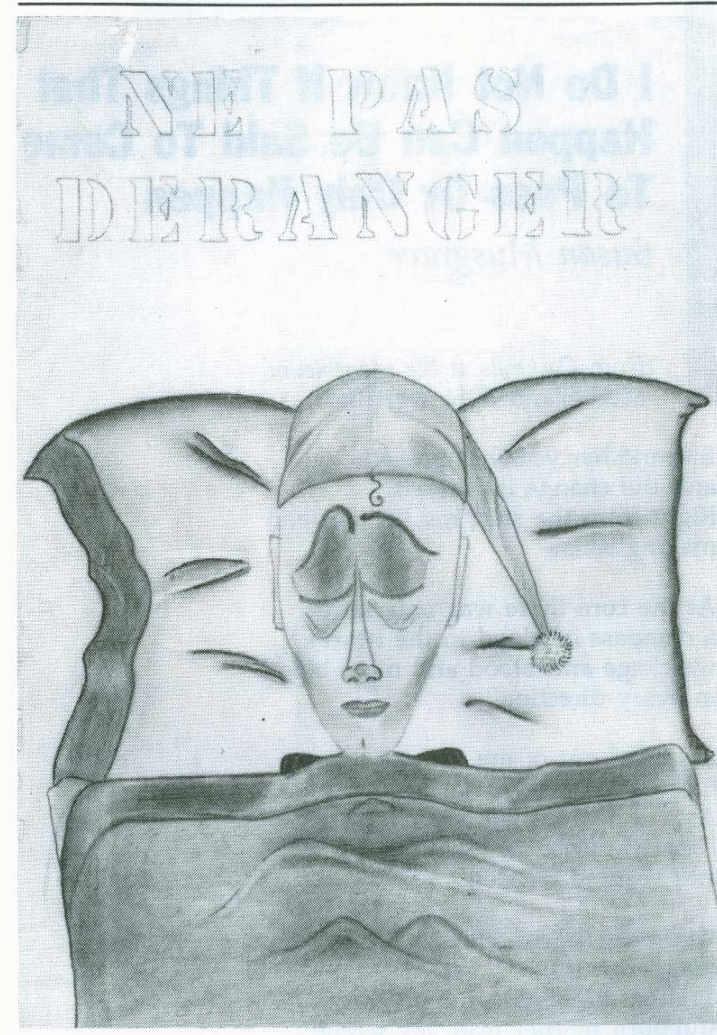
. . . Dr P, an arrogant stupid bastard—trauma of dealing with him AND hospital environment—this is no place for a sane individual . . . thoughts race . . . eyes dropping out of skull to the tile floor. Scoop them up. Eat them like bloodied grapes. Re-eat me at dawn. I am euphoric. Alive to be eaten alive.

Level IV

- full privileges to be used for designated purposes on campus only
- must sign in and out each time
- passes at doctor's discretion

October 16, 1984. Last night in hospital. Went for long walk on sunlit beach. Saw a dead seagull by a "Danger" sign . . . need dignity in all this smut . . . The woman, the woman yearns to be sensual, not antiseptic . . . Am I a woman standing alone on the wave-torn beach, strewn with red cedar?

Am I a woman?



I Do Not Know If Things That Happen Can Be Said To Come To Pass Or Only Happen

Susan Musgrave

(from *Cocktails at the Mausoleum*,
McClelland & Stewart Ltd.)

But another year has passed
and the change is marked.
Right from the start my life stopped
making sense

At the core there was only terror,
a compass of blood in the heart's
wreckage and blood and more blood
in every direction.

It spilled out of me,
there was no reason.
As a child I buried everything
I loved, buried it down deep
and seemed pleased.

Years later the doctors
dragged it up,
opened me inside and cut the
stubborn mother from my womb.

My father rocked in his chair
unable to share his last breath
with anyone.
That was years ago when we
thought he wouldn't live much longer.
He still drives down the highway
to see me.

Ten years ago I spent Christmas
in a locked ward.
Some of my best friends
had already committed suicide.

I tried too but it wasn't in me.
The terror went deeper
where nothing could reach me.
I fell in love easily
and for no reason.
I still think, even now, I could be
more discriminating.

Another year has passed,
a decade
Walking on New Year's Day
with friends who have survived
like me, by accident
—there is something to be said
for having such friends—
I think of the choices we made
along the way, how things
came to pass, or happened,
what brings us finally together.

The ten years will make sense of it.
Deeper into the shadows
where the patient trees endure
and grow, a small bird rises up
out of our silence, crying
shy and wild towards open water.

Close Encounters Of The Worst Kind

Steve Stapleton

Steve is co-founder of By Ourselves, an ex-psychiatric inmate-controlled self-help group in Regina. He is also a freelance writer. This personal story is based on an interview with Steve on November 29, 1986, and it concerns some of his psychiatric experiences in British Columbia and Saskatchewan.

My first time in a psychiatric hospital was in '61 or '62. I was in Crease Clinic in Riverview Hospital, a huge institution in Port Coquitlam, just outside of Vancouver. I don't know how I ended up there. I went to work one day with my brother-in-law. I left to get some cigarettes. I started walking home which is fifteen miles away. I have no recollection of anything else.

I was committed for 90 days. At the end of the 90 days, the psychiatrist convinced me to readmit myself for a further 90. I was a "voluntary patient"—not that it makes any great difference.

While in the Crease, I had what they called "light insulin treatment." "Light insulin" was usually given to young people, and I was in my early twenties. There were about a dozen of us. We didn't get up in the morning with the other patients, we were sent to a dorm, and we didn't get breakfast. They gave us a shot of insulin—not enough to put you in a coma, but enough so that you'd lie in bed

and sweat like a pig till the sheets were wet. After a couple of hours, they'd get you up and give you glucose to stop the reaction. Then you'd have a colossal breakfast because you were ravenously hungry.

While on light insulin, I was in a group run by a psychologist and a psych nurse. The psychologist was one of those happy-happy-happy assholes: "Geez, I'm happy. Aren't you happy? Isn't everybody happy-happy-happy?" Everyday he'd put one of us on the hot seat, and we'd pour out our tales of woe and cry a little bit, and he'd sort of console us. This guy was an unmitigated asshole, and I refused to talk to him.

I was given something called a sodium amytal interview, because I wouldn't talk. The shrink took me into a "side room," put me on a bed and loaded up a needle with sodium amytal. He'd put a little in my arm and soon I'd be floating about a foot off the bed, and I'd see God. Sodium amytal is like alcohol—it's a "truth serum" which loosens your inhibitions, makes you talk more freely, but it doesn't help you go to the root of your problem.

I must have been hospitalized at least four or five times in Riverview Hospital in Essendale. I must have had at least 30 shock treatments. That's one reason why my memory is shot now. I had complete memory loss for months prior to and during one hospitalization. The psychiatrists never explained it to me. I was an involuntary patient at the time, so I didn't have any choice.

I'm still terribly frightened of shock treatment. However, once when I was an outpatient, I became so used to it that I would take the bus every Saturday morning from New Westminster to Essendale, get zapped, come around, have breakfast, and take the bus home in the afternoon. At that point, I was convinced that the "treatment" was genuinely beneficial. Now I know it is not.

In 1970, three years after my release from Riverview, I got fed up trying to find work in Vancouver. I never had a permanent job and I was getting laid off all the time. So on March 1st I packed two bags, borrowed two dollars, and hit the highway. If anybody asked, I was going to Toronto. I ended up in Regina around the end of April.

I've stayed here ever since.

When I left Vancouver, I didn't take the Stelazine with me, and I got by all right for about a year. Later, I started having some problems. I went to see a doctor and he put me back on Stelazine. I had a few drinks, which was not a good idea while I was on the drugs. I ended up in the hospital. At that time, it was called the "Munroe Wing"; it was attached to the Regina General Hospital.

I don't know what happened. I guess I freaked out and was getting kind of high. I was running out of unemployment insurance and I didn't have any hospital coverage. I'd gone to the legislature several times. The long and short of it is I made a nuisance of myself and ended up in this hospital.

The day I was admitted, the psychiatrist gave me some drugs by injection. He said it was to help me sleep. I got the injection around 9:30 or 10:00 at night. By 11:00 or 12:00, I was lying on the god-damn bathroom floor, trying to puke and shit at the same time—not doing a very good job of either, and wishing the fuck I was dead! It was the medical equivalent of a "Mickey Finn." I still don't know what the drug was—I was never told. They just left me lying on the bathroom floor. Finally they put me to bed. I slept for I don't know how long. The next day the psychiatrist said, "I guess you had a touch of the flu last night."

The point is that I had harassed a few people in high places and I was fucking-well going to learn right now that you don't do that. That's the real reason why I was locked up and "treated." That's what the psychiatric system is all about.

This psychiatric system is horrendous. There are a lot of people who are making a good dollar off it, so they don't want things to change, and you can be damn sure they won't. Of course, it is self-perpetuating, like any other bureaucracy. They get people in and keep them in all their bloody lives. They perpetuate dependency on drugs, on counselling, on welfare. They take control over your life and make you believe you can't do anything.

I've been in the system for about 25 years. I've lived a

life of poverty. I've never found a decent apartment. And if I get a job, it's completely menial. See, if you've been in the psychiatric system, it's automatically assumed that your brains are mush. If you're a man, the only jobs you're good for are janitor or dishwasher. If you're a woman, waitress or chambermaid.

It's not difficult to understand why we get depressed. We have no economic freedom, no social freedom, no freedom of any kind, and it's a constant battle to exist. I can remember my first waking thought for many years: "Do I have coffee? Do I have cream for the coffee? Do I have a cigarette or something to smoke?" Often, the answer was "no" to one or more of these questions.

The monumental problem is that the middle class doesn't give a shit about what happens to us, and they never will. They think: "Fine, we'll keep them out of institutions, but we don't want high taxes. We don't want them to cost up to \$200 a day. Let them stay downtown and deal with the slum landlords, just as long as they are out of sight."

I learned the hard way that we can't rely on anyone, we have to do it by ourselves; that's how it all starts. In '81, six or eight of us ex-inmates got together and started By Ourselves—a completely inmate-controlled organization. There are no non-inmate directors, and nobody except ex-inmates can vote. In 1981, The Year of the Handicapped, we applied for and received a grant of \$5400 to start our drop-in centre. Since then, we've managed to get other funding. The facilities may not be great but we're open every day of the year; it's our own place and it works well.

When we first started, government bureaucrats and health professionals told us we were "fucking crazies," that "psych patients can't run anything," we'd "never last more than a month," that we'd never be able to make decisions for ourselves. We've made it so far. I suspect we will be around for a long time.

After about a week or so on Haldol, I was unable to speak. No matter how hard I tried, I couldn't say anything out loud and spoke only with the greatest difficulty. This was really frightening. I wondered whether it was the "speech centre" in my brain that wasn't working or my vocal chords. I wondered if I'd ever speak again.

I also experienced what can only be described as an intolerable irritability. It was as if my whole body were succumbing to a lethal poison. At the height of this irritability, I was called into the psychiatrist's office. I paced up and down in front of the big, shiny desk he sat behind. I could only speak with great difficulty but managed to order him, "Take me off the pills!" With a sort of wry smile, he said, "No." What was the word of a nut against a psychiatrist? I thought.

Community re-integration: Luckily, it was not long before I was discharged. I was then given a prescription for Stelazine, and an appointment was made with the psychiatrist for later on. I decided after three weeks to take myself off the Stelazine. Possibly as a result of the Stelazine or the withdrawal symptoms, I acquired a painful rash in the genital area which took several weeks to clear up.

My first appointment with the psychiatrist was in the fall. I was lying on a big stack of leaves outside his office, enjoying the big blue, northern Ontario sky, when he arrived. He looked at me with some disapproval and we went in. I can't remember too much of the conversation. I told him I stopped taking the Stelazine, and he didn't answer. As for work, he said, "Even sweeping the streets is better than nothing." As for "mental illness," he commented, "It always happens again." I didn't derive any benefit from this session.

The memory of the drugging while hospitalized still gnawed at my mind. To think that people less fortunate than myself could be kept for months or even years on drugs like these!

My second appointment was pretty much the same as the first. The psychiatrist invited me to talk about myself, and he'd sit opposite me going, "uhm, uhm,

uhm . . ." I'm not sure if he indulged in this habit because he wanted to get the session over with or because he wanted to convey the impression he was probing my "unconscious mind."

I wanted to stop seeing the psychiatrist and was not looking forward to the impending third appointment. I found support in a self-help book I'd been reading. The book's message was *cancel the appointment*. I did. I took back my life and I have never returned.

Afterthought: This experience has given me insight into the true nature of psychiatry. Psychiatric diagnoses are arbitrary; psychiatric "treatments" are dangerous, a major "health hazard" in their own right. As for psychiatric facilities, they're the "Ministry of Love"—straight out of George Orwell. In short, psychiatry is to be avoided at all costs.

Wear What You Want

Ketu Kingston

The nurse scolded, "Now, you know you haven't earned any privileges yet—you are to wear the pyjamas we give you!"

"Okay," I said (let's just see *how* I'll wear your clothes).

They issued me an ugly lime-green pair of pyjamas, at which point I turned them inside out and wore the bottoms on my top and the tops on my bottom . . .

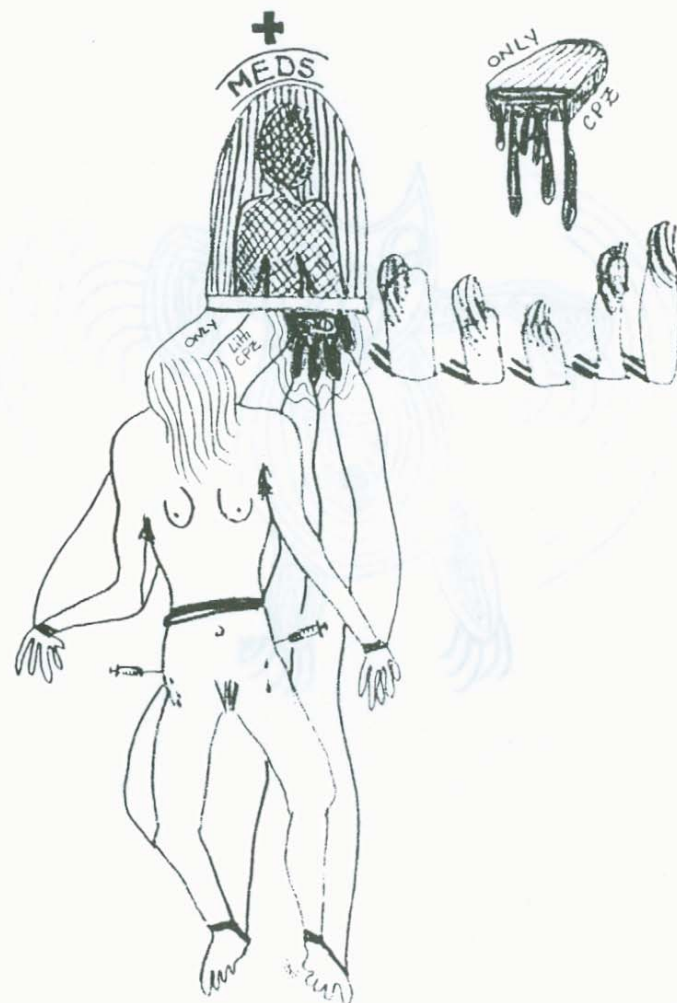
Whiffing down my bottoms, they gave me a needle. NOT APPROPRIATE (an all-powerful phrase which was a rationale to keep you in your place and earned you a lengthier stay if ignored, I soon discovered). They closed the door to seclusion and my fate was sealed in a padded cell for a day and a night for my insolence.

Next time I was allowed to choose my own pyjamas, I picked some blue cloud-like images, covering the bottoms to the knees with red socks. I donned a yellow slipper and a blue slipper and twisted my shirt into a halter-top of sorts.

They gestured at my apparel but let me be this time . . . still the reports read: Inappropriate behaviour . . .

One day on a visit to lock-up to get a personal item, I grabbed my favourite top, scrunched it into a ball and hid it under the jewelry I was allowed to have and decided to wear it secretly when it was safe: maybe the bathroom after lights-out. One night, I metamorphosed from under my hospital gown of white into a beautiful red-black butterfly with wings, flying out the window . . .

I wonder what the reports read . . . ?





Breaking The Chains

Carole Stubbs

Carole is an artist and former co-ordinator of On Our Own, a self-help group of psychiatric inmates and former inmates in Toronto. She was incarcerated in St. Boniface Hospital and Selkirk Psychiatric Hospital in Manitoba during a two-year period in the early 1960s. Carole's story is about some of these experiences and is based on a recent interview.

I married at seventeen and by the time I was 21, I had four children and one miscarriage. I went into the hospital for the miscarriage. About two days later, I collapsed.

My breakdown happened in late 1961 in Winnipeg. I have no memory of what actually happened during the two years in hospital, except for what some people have told me. That's because of the shock treatment.

One day when I returned home from university, I thought I saw birds in the house. I was terribly upset. I phoned Maureen, a close girlfriend, and told her, "I'm having a nervous breakdown. Come on over to the house and look after the kids. I'm going to the doctor." Maureen came over to the house and saw me dressed up, just standing there. I didn't say a word to her. I got out of the house and took a taxi to the hospital. That was the last time Maureen saw me outside of an institution for the next two years.

St. Boniface

I remember bits and pieces of St. Boniface. Shortly after I was admitted, a couple of nurses introduced themselves, but I soon forgot who they were.

Up till the time of my admission to St. Boniface, I never had a history of psychiatric illness or treatment. The shock treatments started almost immediately. I was given 86 shock treatments. I really can't remember any of them or if they bothered to explain them to me, and I don't know who signed for the "treatment." I guess my husband signed. All I remember is my mouth biting down on something and feeling my jaw biting-biting-biting. Sometimes I was given three shocks a day. Maureen said they gave me "regressive therapy," which reduced me to a two-year-old. Maureen remembers going into my room which had a gate across it like a baby gate. I'd be sitting on the floor playing with dolls and wouldn't know anybody. Apparently, my mother once came up from Toronto to visit me. My mother didn't know anything about psychiatry. Who the hell does? As she walked into my room, I was sitting on the bed with my thumb in my mouth and I said, "H-E-L-L-O, MA-MA." She went out in the hall and started crying.

Another incident my mother told me about happened after a couple of months when I went home for a visit. I went into the house, saw my four children and said, "Oh, what lovely children." I didn't know they were mine.

After the shocks, I remembered nothing at all. If nobody had told me my name, where I was or who I was, I wouldn't have known. When the staff told me things, pictures would come into my mind, maybe a little bit of memory, and I'd say, "Oh yeah, oh yeah," but nothing clear. It was like trying to remember a dream. Sometimes I felt like I had amnesia, but that wasn't the worst. The worst was how I felt when I'd come out of all that shock. Mostly sounds—like bedpans rattling, the food-cart going by. They hit me. They hurt me. They stabbed me. They were bad sounds—futile, scary, ugly . . . lonely. They got stronger and stronger and louder and louder. I guess I was coming out of the fog from all those shock treatments

and drugs.

Shock treatments seemed to erase everything from me. It erased any sense of what the hell happened. It erased all that. Maybe that's what they wanted to do. But Jesus Christ, it did not erase fear! I lived fear. I breathed fear. The doctor knew it, because I remember saying to him, "I want to go home," and he said, "Okay, you can go home. Carole, if you're still afraid, you're gonna have to go to Selkirk." I was *afraid*.

Selkirk

I don't know what year it was—probably 1961 or 1962. That's when my husband brought me home from St. Boniface. I lasted three hours. I phoned up Dr Matas late at night, and he said to my husband, "Okay, I'll phone Selkirk."

Selkirk was a very, very old, dark hospital. It looked like a big prison. A nurse was waiting for me. My husband turned around and left immediately. The nurse took me to the ward. I went into a big dormitory with bedrooms. It was a women's ward. The doors were all locked, and I was soon to find out why. There were about twenty beds in a room, old iron beds, plain institutional bedding, thin and washed a million times, durable. The windows didn't have prison-like bars but they had the metal latticework. You couldn't get out of them, I'll tell you. I don't recall whether they gave me drugs when I went to bed. At that point, I just felt I was still alive and that's it.

Nearly all the women in my room were on insulin treatment, deep-coma insulin. I was told I had to have 50 deep-coma insulin shocks. I don't remember if my doctor, Dr Pacher, ever explained it to me. About 5:00 every morning, they'd put the big hypodermic in my arm—I still have the big scar on my arm. They'd put it into your arm and you'd feel yourself coming out of it and realize they're taking you out with another hypodermic and you'd be talking to yourself and realize you were awake. Then you'd be starving and they would bring you stacks of food:

stacks of toast and hard-boiled eggs and cereal and you'd eat it all. Then there was the glucose you had to drink—it was like lemon and orange juice mixed with syrupy sugar. That was to keep you from going into shock.

I got 50 deep-coma insulin shocks over a period of six or seven months. When I'd come out of a coma, I'd ask the nurse or doctor, "Well, was that a deep coma?"—like a little girl trying to achieve a quota or mark. They'd say, "No, it wasn't today." I remember I once had four or five insulin comas in a row but they weren't deep. You had to reach fifty deep comas.

By some miracle, I started to improve. If I hadn't, I think they would have given me a lobotomy. I remember a girl in the bed next to mine, her name was Joyce. While I was in Selkirk, Joyce was gone for a couple of weeks and I didn't know where she was. When she came back, she had only a little sprout of hair growing in. They had curled it. They had done a lobotomy on her—it had reduced her to an idiot. After the lobotomy, Joyce didn't feel anything; it was awful to see. But you know what? You were so used to seeing and hearing scary things like that you didn't react.

Just before I left the hospital, I was on eighteen pills: Stelazine, Librium, Kemadrin and others I've forgotten. The drugs robbed me of feeling.

Towards the end of my hospitalization in 1963, they gave me a room where I could paint. That's when it dawned on me that I was like a two-year-old. Compared to what I had been, I was like a two-year-old. I couldn't handle knowing Carole wouldn't paint anymore. I had been an artist before I went into the hospital, and I was in university studying fine arts and doing very well. In fact, I was one of the most promising artists in Canada at that time. That creativity has never come back.

After Selkirk

For the next 23 years, I was on heavy doses of Stelazine. Three years ago, I started weaning myself off those god-damn drugs. From the time I left the hospital till the time I

started weaning myself off the drugs, I never responded to a sexual, affectionate or loving touch. That was gone. But I remember how it was to feel. I can live without becoming famous. I can live without becoming a great artist. I can live without being able to read. But when you can't even feel or respond to a touch, that's the horror. There is more than one way to die.

Celebration

Susan Musgrave

(from *Songs of the Sea-Witch*, Sono Nis Press.)

Being somebody's last woman
and the only passenger of the day
I rode out after madness,
that long journey beginning nowhere
meeting shyly at motels
not for each night's love,
but sliding around the edges
from earth to earth
on parts of a face
that love wore out.

Of course I'm still living.
No one has taken too much blood
although I admit I stole some extra
where fine needles had coffered
bundles and rolls of it. I came back
after to burn the hospital down.

But no one will find me here
asleep in my bones as polished as the night.
I am bled now
like the end of a spear
and blunt as a carpet
ruined once by careful feet.

One day the right disguise
will work, the right frame
slide into place
like counted medicine.
One day I may give up everything
and wear that disguise
to its final sleep.

A Victim of Hobbesian Psychiatry

Fred Serafino

Fred is a former psychiatric inmate who was once incarcerated in Niagara General Hospital and Hamilton Psychiatric Hospital in Ontario in the 1970s. He is also co-founder of the Society for the Protection of Rights of the Emotionally Distraught (SPRED), now called Psychiatric Alternative Network (SPAN).

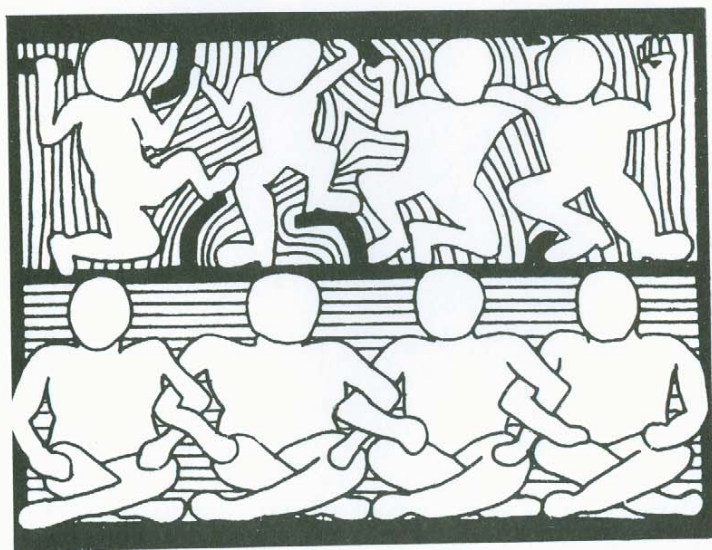
In May of 1973, I voluntarily committed myself to the psychiatric ward of the Niagara General Hospital. No close friend or relative was aware there was anything wrong with me. I decided to seek counselling because I was losing direction in my life and wasting most of my time in a pot-induced mystical daydream. I also was interested in checking out what psychiatric hospitals were like. What a mistake! In spite of the fact that my psychiatrist was the kindest person you'd ever want to meet, he hit me with enough Haldol to immobilize a rhinoceros and told me that I'd probably have to take it for the rest of my life. When I complained about the severe side-effects, the nurses told me that they were symptoms of my illness. After I suffered severe muscle contortions and was unable to straighten my back or head, the staff finally took some remedial action. Even then, the side-effects were unbearable. I soon lapsed into a deep depression and only wanted to sleep all day.

After a miserably confusing year, I threw away the Haldol and headed out West. After going through the withdrawal and experiencing the awe-inspiring beauty of the Rockies, I came back to Hamilton higher than a kite. When I ditched my Volkswagen in Toronto, believing it was a Nazi-inspired pollution device, my parents asked me to return to the hospital. Since I liked the other patients I had met in hospital, I agreed.

This time, I was sent to the Hamilton Psychiatric Hospital. Dr Hobbs, this "iron-maiden" psychiatrist, told me that I was a "menace to society" and would be given enough drugs and shock treatments that I "wouldn't even remember our conversation." She was almost right. It took four years before the image of her sitting behind her desk, in front of the window, threatening me, returned. I believe it was the philosopher Thomas Hobbes who once described life in 17th-century England as "nasty, brutish and short." Dr Hobbs must have been one of his descendants.

I started to come to after about a month; however, after the drugging and electroshock, my memory, intellect and confidence were completely shot. Dr Hobbs informed me that the longer I stayed in hospital, the better off I'd be. She had rescinded my voluntary status and certified me. During a six-month period, I worked in a sheltered workshop putting candies in bags, and I was denied the right to talk to the psychiatrist.

After seven months of incarceration, Dr Hobbs released me on condition that I remain in Hamilton and look for work. At that time, I was a scared, fatigued, drooling idiot. I felt life was too painful to go on living. Early one morning, I slammed my Volkswagen into a concrete abutment on the Queen Elizabeth Highway while going 60 mph. Miraculously, I walked away from the wreckage with hardly a scratch, but my nose broke the steering wheel. I started laughing and thinking of organizing a self-help group, the "Society for the Protection of the Rights of the Emotionally Distraught."





My Radical Beginnings

Bonnie Burstow

From an interview with Kali Grower, May 1987.

Kali: Bonnie, you've been involved in the anti-psychiatry movement for a long time. Why did you get involved?

Bonnie: I had no other choice.

K: You're saying that there weren't any other movements to get involved in?

B: No, I'm saying I couldn't maintain my authenticity, I couldn't be who I am and not be a part of the anti-psychiatry movement.

K: What does that mean?

B: Well, for one thing it means being true to my own history. At a very young age I tried to commit suicide and was taken to a hospital. I was able to talk my way out and so regained my freedom in hours. But the point is, things could have gone differently. Had I been less articulate, had my family opposed me, had the officials had an off-day, I could have ended up leading the life of a psychiatric inmate. A few other times during my adolescence and very early adulthood, psychiatry came knocking on the door; fortunately, I knew enough to keep the door firmly bolted, and I was able to keep it out. My family as a whole did not share that good fortune. My father was diagnosed as "manic-depressive" and was subjected to maintenance electroshock. He spent most of his life going in and out of psychiatric wards. The upshot was that I had to become

involved. I knew from my own family history what psychiatry was doing to human beings, what psychiatry was doing to families. Being a psychotherapist also draws me toward antipsychiatry. As a psychotherapist, I keep finding myself face-to-face with psychiatry's creations. I see people who are brain-damaged, drugged out of their minds, frantically trying to piece together a life which has been violated. Seeing this, I could not be a therapist and not be antipsychiatry.

K: What precisely did you see happening to families, to psychiatric inmates, to your father?

B: I saw people, my father included, turned into drug addicts. I saw people robbed of their memory, of their lived experiences by brain-damaging treatments like electroshock. And believe me, you can't have that happen to one family member without the family as a whole being seriously affected. My father's a good example. After shock, he'd often forget about money he had borrowed, or business arrangements he had made; so our family kept finding itself in the middle of emergencies with little or no understanding of where they had come from. I've seen human beings deprived of their understanding, their writing and reading skills, in some cases, even of their lives. And across the board, I've seen people invalidated and injured—all done in the name of help by a profession which remains highly respected and sanctioned.

K: Why do you think psychiatry has such enormous respectability?

B: First, because it's a medical profession. Doctors are greatly valued in this society—I might say overvalued—and psychiatry is a so-called medical specialty. Second, because psychiatrists are society's policemen. As a society, we tend to like people who get rid of our problems for us neatly. Psychiatrists do just that. Got someone who is being "problematic," who is doing "strange" things and exhausting everyone in the process? Call a psychiatrist. The psychiatrist will lock him up, drug him, render him placid. Temporarily, at any rate, the family is relieved. So it's not just the multinational drug companies and other doctors who have a vested interest

here, although they are the kingpins. In a short unenlightened way, family members and neighbours also have a vested interest in believing in psychiatry.

K: Do you find that other therapists share your views?

B: No. Most therapists are really soft when it comes to psychiatry. The liberal position is that there are good and bad psychiatrists; that you can't put them all under one label.

K: What do you think of this position?

B: I think it's a cop-out. Yes, there are abuses in psychiatry, but phrasing the issue this way obscures how fundamental psychiatry's abuse is. The fact is, psychiatry itself is an abuse. You *begin* with abuse. This is something that most therapists are unwilling to look at, maybe because looking at it might force them to come to terms with how they themselves invalidate their clients. Are *they* authoritarian? Are *they* pretending that there are such things as "mental diseases?" Are *they* hiding behind their labels and their position? See, therapists too have a vested interest in not questioning psychiatry too fundamentally.

K: The issue of power keeps coming up.

B: Power is the root of the problem. Psychiatrists want *absolute power*. As you can see in Ontario, they keep going after more and more. They have even asked the government to extend their control to former "patients." And while they are not nearly as bad, therapists themselves tend to maximize rather than minimize the power differential between themselves and their clients despite the misguided claim that it is an equal relationship.

K: What have you and other Canadian antipsychiatry activists been doing to fight psychiatry?

B: That's a big question.

K: In Toronto?

B: In Toronto, antipsychiatry begins with Don Weitz. Don is a generous man who is in the habit of giving everyone except himself credit for what gets done, but those of us who have worked with him over the years all know that Don is the heart and soul of antipsychiatry in Ontario.

Don, Alf Jackson, and later Carla McKague, were

among the people who got On Our Own going. *Phoenix Rising* came next. *Phoenix* is an antipsychiatry magazine put out by ex-inmates and it's damned good! I was on the *Phoenix* editorial collective for a number of years. I really liked what we were doing. We exposed psychiatry at every turn. Like the Black Panthers, in our own way we were "policing the pigs," although our pigs talked nicer and dressed in white coats. Being in *Phoenix* was not the first thing I did, incidentally. My first involvement was in something that came to be known as the "Aldo Alviani Affair."

K: Who was Aldo Alviani?

B: One of the many people who died in Queen Street Mental Health Centre as a result of overdugging or, at least, a ludicrous combination of drugs. As usual, the Queen Street staff made it look as if they played no part in the death. When I first got involved, there was no such thing as the Aldo Alviani Affair. No one was questioning the death—at least no one except one hospital employee. One day, that employee came to my house and said, "Bonnie, they've killed someone else. I've got proof." She handed me Aldo's hospital file. What I read did not look good at all, and I thought to myself, "For God's sake, let's do something this time. Let's go to the NDP and let them publicize it." She agreed. Shaking like a leaf, worried that the police were going to grab me at any moment, I took the file and contacted the NDP. It took a bit of probing to get them to move, but they did. And within a fairly short time, the story hit the press. The result was a public inquest into Aldo's death. Queen Street ended up being officially exonerated. It was decided that Aldo had died as a result of a "therapeutic misadventure." Can you imagine a term like that? Unofficially though, it was soundly condemned. From then on, Queen Street got nothing but bad press. The exposé raised people's awareness. It also helped mobilize the antipsychiatry movement in Toronto. *Phoenix* wrote at length about Aldo. On Our Own and a few other groups asked for representation at the inquest but they didn't get it. It got people publicly speaking out.

Not me, of course. I didn't want to risk Queen Street charging me as an accessory to theft. After all, the file that got the whole thing started was their private property, so I kept my involvement hidden. That was a lonely and alienating time, I can tell you. At any rate, the Aldo Alviani Affair was the beginning. From that first step on, I knew I was going to continue to fight.

K: It struck a personal chord with you.

B: Yeah. At the time of Aldo's death, I was working on my doctoral thesis which was on authenticity. And that is exactly what was involved here. As I went about doing what I had to do, I felt the rightness of it. I knew that this was what I should be doing.

K: What did you do after that?

B: Similar things, but I did not find them satisfying. The truth is, I did not like playing "Deep Throat" [as in Watergate]; I did not like the aloneness, the secrecy; and I did not feel that substantial progress was being made. So I shifted gear and wrote a few articles for *Phoenix Rising*. After a while I was invited to join the *Phoenix* editorial collective, and did that ever feel good! I thought, "Yeah, these are my kind of people."

K: So then you became involved with people who were more clearly antipsychiatry. Was that a shared value? I mean, in all movements there are differences. Are there differences within the antipsychiatry movement?

B: Sure. Some brothers and sisters feel good about working with people like Dr Peter Breggin. Others won't have anything to do with professionals. Some say, "Abolish shock." Others say, "Don't do away with it; just make sure it is used more moderately."

K: Are the people who accept the existence of electroshock really antipsychiatry or just critical of psychiatry?

B: I would say just critical of psychiatry. They've joined the antipsychiatry movement because this is where things are happening.

K: How do the different people work together? Are there conflicts?

B: Certainly, but in Canada we don't have anything like the conflicts that exist in the States.

K: Things tend to be more polarized in the States.

B: Yes, I guess that is it. Here differences are expected and more accepted. We are always clear that psychiatry is our target—not each other. We are a community which feels intimately linked together in our fight against psychiatry. Now, I am not saying that there is no sense of community in the States. Their sense of community is easily twice as strong as ours. But the emphasis they place on differences is immeasurably stronger. And so bitter rifts occur.

K: You haven't yet spoken of the Ontario Coalition to Stop Electroshock. I know that you were co-chair for a long time and that you were involved from the beginning. How did the Coalition get started?

B: Out of a public forum chaired by former Toronto Alderman David Reville in 1983. At this forum shock survivors spoke out about what had happened to them.

K: Was this the first time in Canada?

B: Yes. The speakers, as I recall, were Don Weitz, Hugh Tapping, Carla McKague, Fred Serafino, Shirley Johnson and Rosemarie Crowe. They talked about their shock experiences.

K: What was the forum like?

B: Absolutely riveting. I could not listen to these people without thinking, "My God! Something has got to be done now! We can't let this continue!" I remember a shiver going down my spine when Hugh Tapping got up to speak. There was a look of quiet fury about him. With a voice as stringently controlled as any I have ever heard, every word coming from between clenched teeth, he said, "My name is Hugh Tapping. I am a very bright person. And I used to be a lot brighter." My heart sank. Later Shirley Johnson took the mike. As she spoke of the permanent disabilities she now suffers from, adding that her son was also badly disabled by shock and killed himself as a result, the full horror of what was happening to people really came through to me. I had not planned on getting involved in the antishock movement. I had thought to myself, "Yes, Don's getting involved; and I know that this is an important movement, but I have

other issues that I am working on and I haven't the time."

K: That's reasonable.

B: Yeah, but there was no way I could stick with that decision in the face of what I was hearing. I got carried into it. I found myself speaking from the audience about what had happened to my father at the hands of the shock doctors. I started getting in touch with how much shock had hurt my own family. Anyway, that was it. It was full steam ahead after that. After the forum we staged an antishock demo outside the Clarke Institute of Psychiatry. And right after that, the Coalition formed.

Within no time it became a vital movement. Next came the Mrs T case [the first time any psychiatric inmate in Ontario had challenged electroshock]. Within months, we were in front of the Toronto Board of Health asking them to pass a resolution requesting the Government of Ontario place a moratorium on ECT pending a public investigation into shock without consent, and wonder of wonders, the resolution passed! Then the media began courting us and we appeared on show after show.

K: Why were people so excited by the Coalition?

B: The Board of Health resolution was one reason. Public lack of awareness was another. The average Joe on the street was under the impression that shock had been banned decades ago; he was alarmed at discovering that shock was alive and well in Canada. Still another reason was our audacity, combined with people's sense that we were telling the truth. No one in Canada had been questioning what the shock doctors were doing, at least not out loud. And here we were, citing experiment after experiment and offering interpretations that squared with people's experiences.

K: People were excited. They hadn't heard it before. It was refreshing.

B: Yes, it was refreshing. And there is something about people actually telling you what has happened to them that grips in a way nothing else can grip you.

K: I understand that the Coalition staged a sit-in in the Minister of Health's office. How did that come about?

B: We were not getting any response from the Ontario

government, particularly the Ministry of Health. One evening we were grumbling to ourselves about it and I said, "Let's do a sit-in in the Minister's office. We've sent letter after letter. They've not been answered. Let's do a sit-in and demand a meeting with the Minister."

K: Had anything like this ever happened in Toronto?

B: It had not happened anywhere in Canada. I remember as I said it a wave of electricity seemed to go through the room. Within an hour we had agreed to do it. Four of us volunteered to be on the inside. A few days later we trained in passive resistance. The exercises helped us connect with each other. We did role-plays. We shared catastrophic fantasies. During our training one person dropped out. Among the remaining three, a real sense of solidarity developed.

K: Who were the three?

B: Don Weitz, Shirley Johnson and myself.

K: How did you feel during the actual sit-in?

B: To be honest with you, bored stiff for a good part of it. There were long hours of sitting where nothing happened. But we had our moments. Our initial entry was particularly exciting. We came in and politely asked to speak with Health Minister Keith Norton. We were told that the Minister was not there and that we should write for an appointment. That's the rule of the game, and of course if you play by their rules, you lose. We'd already done that. This time round we said, "Thank you, but we are waiting to speak to the Minister." That was our line throughout. We did not call what we were doing "civil disobedience." We did not call it a "sit-in." We just said, "We are waiting to see the Minister." And we said this again and again and again. It just felt great. Here we were, a group of nobodies representing the lowest people on the totem pole—psychiatric inmates—and we were standing our ground and waiting for the Minister.

The moment was shared by our sisters and brothers on the outside who were with us. What happened enlivened our support group outside. Everyone was proud. You have to understand these people's lives to appreciate why it was so important. You see, they were used to being the

"crazies" who could be ignored. Not now. Now we were a movement of people with something to say and we were saying it in a way which made all of Toronto take note.

K: A real act of empowerment.

B: Exactly.

K: Were there other acts which were empowering like this?

B: Many. But what really stands out for me are the public hearings. Shortly after the Board of Health resolution [January 17, 1984], the Minister announced that he would form an ECT Review Committee to look into electroshock. After much delay he eventually did form this committee; and later, of course, another committee was formed to look into the report of the ECT Review Committee. That's government for you; it committees you to death. What he did not do and what would have been really important was to hold public hearings—something which the Board of Health had also called for. So we did it ourselves with some assistance from the Board of Health. Approximately 50 people testified on three consecutive Saturdays in October of '84. All but one called for the abolition of shock.

Again, a sense of community was building. People ended up feeling very close to each other because of the shared suffering, because of everyone's essential humanness, because people could recognize bits of their own stories in everyone else's, because all of us together were standing up and being heard. That for me is the soul of the antipsychiatry movement—a right-at-the-bone common understanding and a sharing of that understanding. The more people speak of their personal experiences, the stronger that mutual understanding becomes. Correspondingly, the more the stories are heard by people whose experiences are sort of different because they weren't hurt by psychiatry—maybe they were hurt by prison—the more others identify and join in the struggle. Ultimately, it is the experiences of the people being heard and identified with that will bring about the societal changes that we need. It is not fighting in the courtroom or long-winded oratories in parliament. That is

why this anthology is so important.

K: You mention prison. You see an overlap between the prison and the psychiatric experience?

B: I see an overlap between the prison experience, the psychiatric inmate experience, the Native experience, women's experience, gay and lesbian experience, the working-class experience. There is something which all oppressed groups share. All are sneered at, invalidated, and controlled. All are turned into what Sartre calls us—objects for others.

K: Also, these are the people psychiatrized. It happens to these groups in larger proportion than in the dominant culture.

B: Precisely. In larger proportions and in a more intrusive manner.

K: So once again, you find a big power issue here.

B: You've got it.

K: Do you think that the use of shock was reduced as a result of the Coalition?

B: I think psychiatrists became more reluctant to use shock, 'cause you could never tell when that "lunatic group" might demonstrate against you. Mind you, that's just my impression. I don't have any stats to back it up.

K: Were there other antipsychiatry groups in Toronto that addressed other issues? Drugs, say? Or housing?

B: The Coalition addressed other issues such as psychiatric drugs. And *Phoenix Rising* has always addressed drugs. Aside from these, I couldn't say that there were other groups that strongly addressed it. Housing, of course, was always pushed by PARC [Parkdale Activity and Recreation Centre] and Houselink, but they are not exactly part of the antipsychiatry movement. You see, they still think that there are good psychiatrists somewhere.

K: So what about "My Brother's Place"? You were the founding director.

B: That's a whole different story. "My Brother's Place" had a glorious antipsychiatry moment—a moment that spanned over two years. As you know, "My Brother's Place" is the first and only halfway house for men who

have spent most of their lives incarcerated in both prisons and psychiatric institutions. I was hired as the founding director. I was antipsychiatry, as everyone knew. At my interview I let people know that I would act in accordance with antipsychiatry principles, and that is precisely what I did. Many first-rate counsellors came aboard, and most of these, not coincidentally, were antipsychiatry activists. What a team! There was Bill Lewis, an ex-inmate Native who brought vision and humanity. There was Sam Wagar, a brother anarchist, and Brian McKinnon, a Coalition member, whose contribution to the antishock movement, I might add, has been glossed over for far too long. Last and certainly not least, there were you and Beth Walden, both of whom fused the personal and the political so well and who deepened our understanding of oppression. These were people who really understood what we were up against and were not afraid to take a stand.

In those two years we did some great work. We consciousness-raised. We helped residents get a handle on their double oppression as psychiatric and prison inmates. We helped them get off psychiatric drugs. Men who had totally accepted life on psychiatric drugs ended up successfully going off and enjoying the fuller life which was then possible. We also went to demos with the residents and did actions with the residents. In the end, a number of residents—people like Jack Wilde, Danny Barrer and Zoltan Lugosi—became vital antipsychiatry movement people in their own right.

What was special about "My Brother's Place" was precisely that it joined social services with political analysis and action. The result was real empowerment. Unfortunately, the Board of Directors had no antipsychiatry vision; in fact, no coherent vision at all. As staff and residents, we found ourselves at odds with a Board which did not really understand what we were doing and which was not prepared to live up to the principles of empowerment which the Board itself had articulated. A battle between Christian liberalism and antipsychiatry/prison abolition ideology eventually ensued, and the good guys

lost. "My Brother's Place" no longer stands for empowerment. Now it is just another halfway house.

K: Maybe worse, 'cause people pretend it is empowering when it no longer is.

B: Yeah. That's the tragedy of it. But at least a model was established which paves the way for future efforts. And that's no mean feat.

K: To go back to something that we were talking about earlier, you were saying that other therapists usually don't support you in your fight against psychiatry. What does that mean? How do other therapists respond to you?

B: It's not that straightforward. There are therapists like Evelyn Challis and organizations like Women's Counseling Referral and Education Centre who clearly appreciate what I am doing and are supportive. But I surely do have colleagues who think of me as . . . it's hard to put my finger on . . . someone who doesn't quite do things right.

K: Not quite professional?

B: Unprofessional! Yes, that sounds like a word I've heard recently.

K: And how do you feel about that?

B: What can I say? I don't think that the people using this label quite understand the meaning of the word "profession." To profess is to say in no uncertain terms what you believe in. And I certainly do say what I believe in. "Vocare" means "to call." To have a particular vocation is to have a calling; and I very much feel called to do the work I am doing. Understood existentially, I am every inch a professional. I am a person with a genuine calling who answers that call. Only in a rather vacuous and snobbish sense of the term could I be called "unprofessional."

Speaking more generally, I don't like the way the word "unprofessional" is bandied around in the social services. It's one thing if someone is not good at their job. But those are seldom the people it is applied to. It is applied to people who do the job differently. It's an invalidation that is very akin to how psychiatrists invalidate their "patients." So, it's part and parcel of the same phenomenon. And it's ridden with classism. People are

being put down for having—what do they call it?—"No class." And anyone who allies themselves with inmates clearly has no class!

K: What about the other side? How do people in the antipsychiatry movement respond to you when they find out that you are a therapist? 'Cause I know that there is a lot of antiprofessionalism.

B: I was once criticized by an ex-inmate in a letter to *Phoenix Rising*. She also denounced other professionals such as Szasz, Laing and Breggin, so I'm in good company. But for the most part, though, I have been accepted and indeed warmly accepted in Canada. We are like a family here. I go to a Coalition demo. I see Dorothy Kent. I see Don and Brian. And we are all happy to see each other and be out on the streets together. Of course, every once in a while someone new comes along who does not trust me and says so, and when this happens, I feel hurt. At the same time, I understand where that person is coming from. It makes sense to be suspicious of professionals. Inmates have been betrayed, invalidated and disabled by professionals. If an inmate doesn't know me, why should they believe that I'm any different?

K: You are in Winnipeg now. You've recently moved from Toronto. Is there anything going on in antipsychiatry in Winnipeg?

B: Not really. The Self-Help Society in Winnipeg is pro-psychiatry. Can you believe it? So are the small "I" liberals. And the radicals, for the most part, haven't given much thought to it so don't really have an analysis.

K: It's not like you to leave things like that. So, Bonnie, what are you going to do about it?

B: What any other movement person would—plant seeds and more seeds. Try to interest people who are open to questioning the psychiatric system. Certainly the leftists come into this, as do ex-inmates—people who have been drugged and shocked. There are the anarchists too, when I find them, and the gays and, of course, women. My hunch is, though, that it is Native people who are fundamental to a strong antipsychiatry movement in Winnipeg and indeed in the Prairies as a whole.

For it is Natives who are most invalidated by the system, most frequently locked away, most clearly robbed of their culture and identity. That's where to look for things to happen.

K: How about the movement in Toronto? That's the centre of the antipsychiatry movement in Canada. What direction do you see things taking?

B: It's hard to say. The Coalition is effectively defunct. *Phoenix* is as strong as ever and I trust it will remain strong, and that, of course, is fantastic. What is going to replace the Coalition as a radical antipsychiatry group that does public actions? I don't know. But I have a lot of faith in movement people in Toronto. I know that we will start seeing action again. It's very important we do, you know. But it's got to be in more than just Toronto.

It's important that our sisters and brothers all across Canada speak out publicly. I cannot encourage you enough to bear witness to the atrocities, to let people know what has happened to you, to do actions, whether they be big demos or two people handing out leaflets in front of a "hospital." For contrary to what psychiatrists, other jailers or even liberals may believe, this is the stuff that change is made of.

Notes Of A "Schizophrenic" Shitdistuber

Don Weitz

From an interview with Irit Shimrat, June 1987.

In 1951, I dropped out of Dartmouth College in the United States. I was twenty and a very tense, angry young man. I was threatening to jump off a roof or join the army. This was during the time of the Korean War. My sister persuaded me to see a prominent psychoanalyst in Boston. The next thing I knew, I was a "patient" in the Austen Riggs Foundation in Stockbridge, Massachusetts—a private sanitarium and training centre for analysts. I was there for seven months. Near the end, I got more angry. I didn't attack anybody, I just refused to go to the patient/council meetings. Then I got my draft notice—the US Army was after me. That also got me uptight.

One night, after refusing to go to the patient/council meeting, I said to my shrink, "How would you like this phone in your face?" I took the receiver and just held it up to his face—I didn't hit him. But that was enough. He then told me, "I think you belong in a closed hospital." He promptly shot me full of sodium amytal, a barbituate or "truth serum." The next thing I knew, I was in the back seat of a car, with a burly attendant on one side and a nurse on the other—on my way to the "closed hospital." It was McLean Hospital, a psychiatric prison outside Boston.

I found myself in a small room with a heavy metal mesh barricading the one window, facing a heavy oak door. The front door was locked. I was frightened.

Before long, I began seeing the shrink assigned me, Dr Sharpe. Within one or two months, he told me he wanted to give me insulin shock. I didn't know anything about insulin shock. I later found out it was one of the major "treatments" for "schizophrenia." They had been using it in Europe, the United States, and Canada for many years. But at the time, all I knew was that insulin is a hormone manufactured in the pancreas and given to diabetics.

I was on subcoma insulin shock for a little over a month—it felt like years. They'd bring me to the point before I went into a coma and then stop the reaction by giving me fruit juice to drink. It was loaded with sugar. Two or three times a day, I was forcibly injected with insulin. Within a half-hour, I'd start to sweat like a pig. The higher the dose, the faster and more severe the reaction, and they were steadily increasing my dose.

The insulin made me very confused, weak, sometimes panicky. I couldn't concentrate, read or study. Sometimes my body convulsed; I'd tremble uncontrollably. During the reaction, I also felt unreal gnawing pangs going through my whole body. I felt hunger and thirst like I'd never experienced in my whole life—it was worse than fasting a few days. The pains and aches went to the core of my being. The insulin was burning up the sugar in my blood. As the blood sugar drops, you experience hunger. It eventually starves the cells of oxygen, so you go into a coma. I didn't know that then, and I was damn lucky to have escaped full-scale insulin coma shock and electroshock.

Once I went into a coma and felt like I was dying—I'm convinced it was intentional. Most of the time, after two or three hours, I was totally drenched in my own sweat, wiped out, scared shitless.

My shrink never told me about the coma and other risks of insulin shock before or during the "treatment." He didn't tell me that I'd suffer. If he had, I would have flatly refused. I remember saying to my shrink more than once,

"Stop torturing me! Why are you torturing me?" He'd calmly reply, "I don't know why you're saying that. I'm not torturing you." Then I'd tell him, "Well, it sure feels like it." And he, with his nice smile and supersyrupy tone, would tell me, "These complaints are just part of your problem." The old blame-the-victim game.

Because the insulin made me ravenously hungry, I always ate two or three helpings of everything in sight at every meal. After a month, and over 50 shocks, I had gained 50 pounds and weighed 194 pounds. I'm 5'6". I looked and felt grotesque.

The patient was finally placed on sub-coma insulin and after a month of sub-coma insulin three times a day he showed tremendous improvement . . . There was no longer the outbursts of anger . . . He spends most of his time trying to figure out what the effect of insulin has on him . . .

*Determined Diagnosis: Schizophrenic Reaction
Reaction: Acute Undifferentiated
Condition Improved.*

*Excerpts from Don Weitz' medical records,
McLean Hospital, 1952*

I think the main reason they gave me shock was because I was openly angry and rebellious. I was angry at my parents and with good reason: they had pushed their upper middle-class values down my throat for so many years. I had swallowed these values and now I was vomiting them up. The shrinks refused to understand that. According to them, I was "mentally ill" or "schizophrenic"—not angry.

Fifteen months later, I was finally released with the

diagnosis "acute undifferentiated schizophrenia, improved." I persuaded the shrinks to let me out by telling them I planned to go back to university—a nice conventional, middle-class thing to do, and be a "good boy."

While locked up in McLean, I lived with about 30 young and middle-aged men who had electroshock and/or lobotomies. I saw their wounds, their scars. They were vegetables, robots. I promised myself, "I'm damned if I'm going to end up like that." But by the time I got out, I was so brainwashed and frightened, thanks to the shocks, that I didn't feel like protesting against anything. Insulin shock "works." So does torture.

I then studied psychology at Boston University for the next three years and earned BA and MA degrees. I was going to be a psychologist. I naively believed I could change the "mental health system" or "make a contribution to the field." I worked as a psychologist for roughly fifteen years, first in the United States, then in Canada. I didn't do "therapy"—I tested and interviewed "patients," lots of them. The tests were very unscientific, but I thought I was doing great. I uncritically accepted and spouted IQ tests, personality tests, Freud, psychoanalytic theory, the whole shot. I administered, scored and interpreted the tests and wrote up over 100 psychological reports for three years. When I think of what I did, I'm very ashamed. I was putting people into conceptual boxes, labelling them, invalidating them and getting paid for it.

My last professional job really did it to me. I was a staff psychologist at Toronto's Queen Street Mental Health Centre from 1970 to 1972. At first, I worked on the wards for about six months. When Queen Street opened its first "satellite" community clinic called the Dundas Day Centre, I was a co-therapist with Sharon, a radical nurse whom I liked and respected. We had a good group of about ten "patients." It was an open rap—we didn't stage-manage or manipulate people. After getting into arguments with Elsie, the power-tripping nurse in charge, Sharon quit in protest. I lost an ally and sister.

Soon after Sharon left, I was also arguing with Elsie. I

objected to the authoritarian, stifling clinical atmosphere which was like a ward. So she brought in my boss, Chief Psychologist Lew Yeats, and Dr Don Anderson, Chief Psychiatrist of Southeastern Service, who administered the centre. They accused me of being stubborn, unrealistic, and unwilling to compromise. After two or three hours of this kangaroo court, I knew I was nailed. I was back on the wards.

Shortly before I resigned from Queen Street in 1972, I was protesting against forced treatments such as the "cold wet pack", a physical restraining device fit for a torture chamber. The staff used to wrap "uncontrollable" inmates up in wet sheets chilled to about 30 degrees below body temperature and tie the ends firmly to the bed, so the inmates couldn't move—sometimes for hours. In the summer of 1971, they did that to at least twelve inmates. The staff called the pack "therapeutic"—I called it "cruel and unusual punishment." Queen Street finally banned the pack about a year after I left. But I had no support from other staff for my criticisms of the pack and other tortures masquerading as "treatment." They had already labelled me as a "troublemaker" and "shitdisturber."

When I quit Queen Street, I promised myself I would never again work in any psychiatric institution or ward, and I haven't. I just saw too many people being humiliated, dehumanized, wrecked for life by drugs, electroshock, the pack and other "treatments." I was getting angry again and started reading Szasz and other antipsychiatry literature. I got the hell out of Queen Street and psychology and never looked back. My political education had begun.

In 1973, I took a trip out west to visit the Mental Patients Association (MPA) in Vancouver, which Lanny Beckman and a few other ex-inmates had started a year or two earlier. I wanted to see for myself what a self-help group started and run by ex-inmates was like. MPA was the first antipsychiatry, self-help group in Canada, but during the last few years it hasn't been as politically active as it once was. I stayed at MPA for about eleven days and I saw open and democratic meetings, instead of the usual

patronizing psychiatric bullshit, and met some beautiful and courageous people. MPA had a crisis centre/drop-in where people were free to drop in and cry, rage, and love, if they felt like it. It was accepting, supportive, very real and human. They also had three or four resident-controlled houses at the time. I stayed in one of these with about nine other people. The residents shared all the chores and made and enforced their own rules. I was allowed to come to one house meeting and general meeting where personal and business matters got discussed. I thought, this is the way to go. If we had lots of MPA-type places, we wouldn't need the psychiatric warehouses. So I came back to Toronto thinking, "I've got to find some people to help start something like MPA." That happened four years later.

In 1974, I got more politically educated by going to the Annual International Conference on Human Rights and Psychiatric Oppression (later renamed Conference For Human Rights and Against Psychiatric Oppression), a key event of the Psychiatric Inmates Liberation Movement in the United States. That year, the conference was held in Topeka, Kansas, in a campground, and there were at least 100 ex-inmates there. The energy and excitement were infectious, overwhelming. During the workshops and plenary sessions, I heard and saw many ex-inmates speak out, and I became more aware of many basic issues such as forced treatment, drugging, electroshock, lobotomy, involuntary commitment, other abuses and rights violations, and self-help alternatives. Above all, I witnessed and experienced empowerment and what that means in our daily lives. There was so much sharing, spontaneity, anger and love that I no longer felt alone with my raging anger. Near the end of that conference, most of us marched and chanted antipsychiatry slogans and songs in front of the Kansas State Hospital, which was known to have abused some child inmates. Since that time, marches, demonstrations against local psychiatric institutions or shock mills, and public testimony have become movement traditions. So far, I've participated in seven conferences including the one held in Burlington,

Vermont, in 1985. But since that year, no national conferences have been held.

In 1977, Alf Jackson, Bob Carson, and I began talking seriously about starting a group in Toronto. I felt very close to Alf and still do, partly because he was in my "therapy" group at Queen Street. Two of us went down to see Bob Pennington, a reporter with the *Toronto Star* then, and asked him to write a story about us and our plans. The *Star* article came out a day before the founding meeting on August 9th. About 150 people came to that historic meeting at All Saints Church in Cabbagetown.

The meeting was charged with excitement, anger, hope. Some people stood up and said things like, "It's about time, let's do it." Others started pouring out their personal stories of pain and frustration, about how they were abused by the shrinks, drugs or shock, and saying, "I'm still on medication, I can't stop shaking . . . My memory's not so good after shock . . ." Before the meeting ended, we had agreed to start a self-help group. At one point, Alf just stood up and asked, "Why don't we call ourselves the Ontario Mental Patients Association?" And we did.

At the time, we weren't thinking about protesting—that came later. We just wanted to set up a support group, a place where people who either were in danger of being committed or had just come out of a psychiatric institution could feel safe—a refuge where people would be free to rap, make friends, be themselves, feel that they belonged—with no professionals around. During the first year, we had a rent-free room in All Saints, thanks to the late Reverend Norman Ellis. About 25 people dropped in once or twice a week to talk, have coffee, whatever. We didn't charge or ask for membership dues.

We didn't have any funding or outside financial support of any kind during our first two years. About two or three months after we got started, Alf felt we should start trying to make some money for ourselves—self-help, right? We weren't going to beg or solicit. We were going into the flea market business. Alf approached a friend of his who found us a small stall in one of his flea market

buildings, which cost us \$10 or \$20 a week. I had a pick-up truck then, and Alf and I would go around the city and pick up stuff off the street at night and sometimes early morning. Good stuff that people had thrown out. We went around to some rich areas such as Rosedale and Forest Hill and lots of other places. We'd load the loot on the truck and take it up to the flea market and sell it for whatever we could get. At the flea market, we sold books, records, clothes, antiques, knick-knacks, all kinds of stuff. We also picked up scrap metal and hauled it down to the scrap yard—another good source of income. Eight or ten of us, maybe more, including Alf, John Craven, John and Susan Gallagher, Joe Clark, and Jean Belasco worked as volunteers. Nobody was paid. Working only on weekends for two years, we made about \$15,000. Thanks mainly to Alf's efforts and inspiring example, many ex-inmates got good training in sales, handling money and dealing with the public. The real reward wasn't money—it was self-confidence and self-respect which the shrinks had robbed us of. We proved to ourselves and the public that we weren't a bunch of "mental incompetents."

We stopped the flea market when we opened The Mad Market in June 1980. It's a non-profit, used goods store completely run and staffed by the group. On Our Own members helped get the store off the ground. Coreen Gilligan was our first store manager. The Mad Market still exists and has already provided valuable job training and jobs for over 100 members. It was, and still is, a helluva lot more humane and empowering than any "rehabilitation training," "industrial therapy," or "sheltered workshop." I believe The Mad Market is the only ex-inmate controlled store in Canada. There should be a lot more.

When Carla McKague joined us in 1978, she was a law student at the University of Toronto and had had electroshock. Around 1979, when we changed our name to On Our Own (after Judi Chamberlin's outstanding book), Carla drafted our first by-laws and constitution. She also served as our first treasurer and helped us on the truck and in some of our flea market stalls. Today, she's in and out of court representing psychiatric inmates and ex-

inmates, and she fearlessly challenges the shrinks and Canada's unjust mental health laws. I feel she's the most outstanding inmates' rights advocate in Ontario, if not in Canada.

In 1980, Carla and I founded *Phoenix Rising*, On Our Own's antipsychiatry magazine, as a vehicle to protest against the psychiatric system, and as a voice for psychiatric inmates and ex-inmates. A start-up grant of \$5400 from Ontario/PLURA [a multid denominational church group] paid for a half-time salary for our first editor, Cathy Macpherson. The first three issues were produced out of the one-bedroom apartment I shared with Carla—I still don't know how we did it! Our first editorial collective consisted of five members.

Starting with our first issue, we used the term "psychiatric inmate"—a much more accurate and consciousness-raising term than "mental patient," which automatically implies acceptance of "mental illness" and other medical model bullshit. A psychiatric inmate is a person who's been unjustly denied her or his civil and human rights, including freedom, and locked up and forcibly treated in a psychiatric institution—a prisoner of psychiatry. We felt, and still feel, that while locked up on wards we are just as much inmates as regular prisoners are.

We also wanted *Phoenix Rising* to be not only a voice of protest but also a forum for inmates and ex-inmates to tell their own stories and a tool for organizing, so that people who read it, especially inmates and ex-inmates, would be encouraged to start their own groups, just as I was encouraged by visiting MPA and participating in movement conferences. The magazine has helped to stimulate and support the growth of three self-help groups in Canada and has raised public awareness about psychiatric oppression, inmates' rights and ex-inmate controlled alternatives. Now, more than one-fifth of *Phoenix* subscribers (over 1200) are psychiatric inmates and prisoners. Maggie Tallman, our Business-Circulation Manager, deserves most of the credit for that (and a lot more). Inmates and prisoners get the magazine for

free—that's another way of reaching out, networking and offering support.

Phoenix Rising has always been the strong, political voice of On Our Own and has pushed the group to be more political. It supported at least two public demonstrations which On Our Own and other self-help groups held in the early 1980s in Toronto. In October 1980, a few months after the tragic death of 19-year-old Aldo Alviani in Queen Street, many ex-inmates from On Our Own, PARC [Parkdale Activity & Recreation Centre], Houselink and others protested against forced drugging and Aldo's death in front of the Legislative Building at Queen's Park. Pat Capponi, Bill Lewis, Steve Anderson, David Reville and I were some of the ex-inmates who spoke out. So did provincial NDP members Ross McClellan and Mike Breagh. The shrinks had drugged Alviani to death—and they're still doing it to others. A year later, in 1981, On Our Own was part of an ad-hoc housing coalition which held a protest demonstration at Queen's Park against the Ontario government for its chronic and inexcusable failure to provide more low-cost, affordable housing for homeless ex-inmates. *Phoenix* covered the demonstration and has devoted three issues to the homelessness crisis since that time.

In May 1982, On Our Own hosted the movement's 10th Annual International Conference on Human Rights and Psychiatric Oppression in Toronto—the first time the conference had been held outside the United States. Carla, Mel Starkman and five or six other members formed a conference organizing committee which worked long and hard to make it a success, and it was. At this conference, which attracted over 130 ex-inmates from across Canada and the United States, we drafted and adopted one of the most historic documents of the movement, the *Declaration of Principles* [see next article]. We also marched and demonstrated against the American Psychiatric Association (APA), which was holding its Annual Meeting that year in the Sheraton Centre across from City Hall. One of our chants was, "Hey-hey, APA, how many people did you kill today?" Another was, "One-two-three-four, we

don't want your shocks no more, five-six-seven-eight, smash the psychiatric state!" Sixteen ex-inmates from the United States also carried out non-violent civil disobedience in the Sheraton—the second antipsychiatry protest in Canada, I believe. They were all arrested for "trespass" and quickly released. Since then, the movement demonstrations against the APA have become an annual event. It's time we also demonstrated against the Canadian Psychiatric Association.

In the summer of 1983, I got involved with another group, the Ontario Coalition to Stop Electroshock. A few of us shock survivors had already met or talked with anti-shock/movement activists like Leonard Frank, Ted Chabasinski, George Ebert, and Judi Chamberlin, and we were inspired by victories of the Coalition to Stop Electroshock in Berkeley, California. Because of the Coalition's successful organizing and lobbying, the citizens of Berkeley voted to abolish shock in a city election in 1982. Unfortunately, the "shock ban" lasted less than two months and was being appealed by the shrinks in the courts. Also, a number of us attended the 11th annual APA conference in Syracuse, New York, in 1983, where civil disobedience also took place. At least nine ex-inmates (mostly from the USA) blocked the front doors of Benjamin Rush Psychiatric Hospital, a shock mill, for fifteen hours. We weren't charged or arrested and got some good media coverage. Three years ago, Leonard Frank proudly announced that Benjamin Rush had stopped using shock—another victory.

Shortly after this conference, people like Bonnie, Carla, Hugh Tapping, Shirley Johnson, Fred Serafino, Connie Neil, Dorothy Kent and I got together and decided to start acting against electroshock in Canada. Nothing was happening here—thousands of people were, and still are, getting shocked every year. Our first action was a public forum on electroshock in Toronto's City Hall on August 21, 1983. That was a very exciting and moving event. David Reville, a city alderman then and an ex-inmate, chaired the public meeting which featured a five-member shock survivor panel. Many people in the audience, in-

cluding Bonnie, spoke out against shock and courageously testified about how shock had destroyed their minds, lives and families.

The next day, about 30 of us demonstrated against shock in front of the Clarke Institute of Psychiatry, one of Ontario's most notorious shock mills. Before we left, some inmates on the top floors waved to us in support. A year or so after this, other people, including Steve Atell, Jack Wilde, Brian McKinnon, Dian Marino, Mrs Podratsky, and many others joined the Coalition. Steve and Jack had had a lot of shock, and Brian was a graduate student. Jack and Brian soon became two of our most active members; they've been great at our demos and in dealing with the media.

The Coalition then decided to take the shock issue to the Toronto Board of Health, which we sensed was more sympathetic than the Ontario government's Ministry of Health. On January 17, 1984, Bonnie, Hugh, Shirley, Dorothy, Connie, Ralph Preston and myself gave strong personal testimony against shock at the board meeting, and urged it to recommend abolition or a moratorium. After listening to us and three shock doctors, the board passed an historic motion—a moratorium on electroshock without informed consent in Ontario, pending further research and public hearings.

That was a great victory, even though the board had no legal power to enforce its motion. Still, it was the first time in Canada that any health body had come out publicly against electroshock or any other psychiatric "treatment." The shrinks, especially the shock doctors, and the government got nervous. The board's anti-shock motion also embarrassed and pressured Health Minister Keith Norton. The next day he told the press that he planned to set up an ECT Review Committee to investigate the "medical, legal, and ethical aspects" of shock in the province.

I'm sure the Mrs T case also pressured Norton to do something. That was a case in which a competent woman inmate, incarcerated in Hamilton Psychiatric Hospital in fall '83, had been threatened with shock. She flatly refused. Her shrink then pressured her brother, her hus-

band, and her father to consent for her, but they all refused. Then the shrink applied to the Review Board and convinced it to order a series of fifteen shocks for Mrs T by mid-November, but before then, her husband intervened. He had seen us on TV that summer, and he asked Carla to take the case. That December, in the Supreme Court of Ontario, Carla represented Mrs T and argued that electroshock is psychosurgery under the definition in Ontario's *Mental Health Act* (the Act bans psychosurgery for involuntary patients), since it causes brain damage, and therefore it cannot be ordered without consent, and that the board exceeded its authority. Although the case was lost, Mrs T did not get shocked, and the case caused a lot of national concern and publicity. Many Canadians were surprised to learn that shock could be forced on anyone—many didn't even know that shock still existed!

The Coalition's best action, I feel, was its non-violent civil disobedience in July 1984—a sit-in in Health Minister Norton's office. Bonnie describes this in her article. We got lots of favourable media coverage on that action, and it kept the shock issue alive in Ontario and Canada.

We were always peaceful. You must be non-violent and emphasize the moral and human rights issues if you want to have a powerful effect on the public and government, as Gandhi as shown us. At least, that's what I feel.

In December 1985, the report of the government's ECT Review Committee came out in favour of shock with a few legal restrictions. The inclusion of the restrictions was due largely to Carla, who was the only shock survivor member on the committee and the only one to demand abolition. The report recommended that competent inmates be given the absolute right to refuse shock *and* other "treatment," but it did not define "competence." The report also supported the psychiatric myths that electroshock is "therapeutic" and "lifesaving," and it minimized the permanent memory loss and brain damage from shock. To make matters worse, the Ontario government wasn't going to act on the report's one really good recommendation concerning "informed consent"—at least not immediately. So we said to the government, "What are you

going to do about it?" We wanted to meet with Murray Elston, Ontario's Health Minister at the time, to pressure him to act on the recommendation. We never got a straight answer from him. He did meet with us once in April 1986, but only as a result of another sit-in staged in his office by Bonnie, Kali Grower, Mary Redossus, Jack Wilde, Kaila Milthorp and myself.

In early 1987, Elston finally released his ECT Guidelines, his response to the ECT Review Committee recommendations. Elinor Caplan, the current health minister, plans to hand out copies of the "Guide to Understanding" in all ten Ontario psychiatric hospitals this year or next. The "Guide" is bullshit—mostly lies, which will be given to inmates. It minimizes serious or permanent memory loss. It doesn't mention the risk of brain damage which *always* occurs after every shock. It doesn't tell you that you can be permanently impaired in your ability to learn, concentrate or read. It doesn't tell you that you can lose your creativity. And it doesn't even admit that shock is controversial. We felt we had to act again.

So, on May 8th, 1987, during "Mental Health Week" in Canada, about 25 of us demonstrated against these government lies and leafletted with our own shock facts in front of Queen Street, Ontario's largest public psychiatric institution. The media coverage was minimal, but we handed out hundreds of copies of our literature and talked with some Queen Street inmates and ex-inmates about shock. (As a result of the June 1987 amendments to the *Mental Health Act*, refusal by a competent inmate or a substitute decision-maker cannot be overridden or challenged. Another victory.)

The Coalition's most recent demonstration was on September 16, 1987, during the Annual Meeting of the Canadian Psychiatric Association (CPA) in London, Ontario. One of our demands was that the CPA start openly discussing psychiatric abuses and inmates' rights in Canada. So far it hasn't. We protested against shock as well as drugging, all forced treatments, involuntary committal, and the CPA's unethical refusal to publicly denounce the torturous brainwashing treatments of Dr

Cameron. [See "Conversations with the Allan Memorial Victims."] The Coalition has always supported the Canadian victims of the late psychiatrist Ewen Cameron. Along with his co-torturers, Cameron unethically inflicted brain-damaging, brainwashing experiments on roughly 100 "patients," without their knowledge or consent, at the Allan Memorial Institute in Montreal in the 1950s and early 1960s. Massive electroshock, drugging, and psychic driving were some of his unethical methods which permanently disabled many Canadians. The Canadian government and the CIA co-funded these psychiatric atrocities.

We took up the victims' cause during our first year of existence. We wrote letters of protest to a number of Canadian ministers and the prime minister. We also drafted and distributed a petition on behalf of the Canadian victims, demanding that the Canadian and US governments publicly admit their legal and moral responsibilities to the victims and offer them reparations. We also organized a public demonstration in Ottawa on October 6, 1986, in front of the US Embassy and on Parliament Hill.

At this point, the Coalition seems to be splitting up; the energy and person power are low. However, we're very proud of the fact that we succeeded in making electroshock a public and political issue in Canada. I think another protest/advocacy group is going to form. Who knows? The current splits in the movement in the US are another cause for concern.

I want to help start another self-help advocacy group which will train ex-inmates as advocates for inmates' rights. We must go right into the institutions and prisons, tell inmates their rights, the *real* facts about shock and drugs, and help them assert their rights to combat the psychiatric and government lies and oppresison. I want to see our facts about shock, drugs, self-help alternatives, civil rights and human rights in the hands of every psychiatric inmate and prisoner in Canada. Of course, the challenge is to get on the wards and in the prisons. If it takes civil disobedience, so be it.

There should be a lot more speaking out and

demonstrating by ex-inmates and their supporters across Canada. This work must be done by us, the oppressed. We have to do more rights education, we have to be more visible, more vocal, we have to do more reaching out to our brother and sister groups, inmate groups, prisoners' rights groups, women's groups, peace groups, consumer health groups and coalitions. We have to find people like us in the Maritimes, Quebec, Ontario, the Prairies, BC and the Territories. Each province or region should have its own antipsychiatry working core group. We need to get out in the streets, hand out free copies of *Phoenix Rising* and other antipsychiatry material on the wards and in the prisons, organize more conferences or workshops in our cities and local committees. And we have to get on television to tell our own personal stories in our own words, to combat the many vicious lies about "mental illness," "schizophrenia," "the dangerous mental patient," the "therapeutic effectiveness of medication," and "electroconvulsive therapy"—all churned out by the psychiatrists, the Canadian Mental Health Association, the Canadian Friends of Schizophrenics and the media. There must be people and groups to do this crucial work, and there must be clean money to pay them—not dirty "mental health" money.

It's all about bringing people together, so we can build a broad-based, antipsychiatry coalition or movement in Canada. A few people can start it, wherever they are. In 1948, the first antipsychiatry inmates' group in North America got started on the wards in one of the most oppressive institutions in the United States, Rockland State Hospital in New York. It was called WANA—We Are Not Alone. (The group doesn't exist anymore.) I imagine that some of the inmates there said, "We're not going to take this shit anymore! We're mad as hell, we're going to fight!" And they did.

Black people, Native people, gay and lesbian people, women, children, prisoners, the elderly and many others have been discriminated against and victimized by psychiatry and the state. One person or one small group can start things happening. One "controversial" or dissident

statement, one act of protest or civil disobedience can electrify like a bolt of lightning coming through the darkness. I'm convinced that in every psychiatric ward, institution or prison, there's at least one person in whom that fighting spirit is still alive. That person or group can act like a lightning rod. We have to find and support these human lightning rods.

I cannot and will not compromise my struggle, my war against psychiatry because psychiatry is inherently immoral and dehumanizing. Allowing a "good" shrink to sit down and talk with you and pat you on the head, label you, and prescribe "anti-psychotic medication" thoroughly disgusts me. That's just more of the same phoney, patronizing bullshit and invalidation which we've always had. Who needs it?

We, who have been locked up, labelled and treated against our will without a hearing or trial, are not and never were "mentally ill," "manic-depressive" or "schizophrenic." We were just angry, sad, confused, uptight or non-conformist. We must refuse to accept and parrot these damning words and tortures and wake up to the truth. The fact is that we've been locked up and tortured for what we *feel/think/believe* and for acting on our beliefs because other people saw our beliefs as "crazy," "psychotic" or threatening; because we "heard voices" others didn't hear; because we saw things others didn't see; because we were caught talking to our private or imagined selves; because we were too vocal or dissident.

When I was locked up for over a year, labelled "schizophrenic," had my freedom taken away and was tortured with insulin shock, I hadn't done anything wrong. Like millions of other people, I was tortured like an enemy of the state. That's why I call the psychiatric inmate a *political prisoner*—a person unjustly denied freedom and other human rights, and tortured for holding dissident values or beliefs. Amnesty International doesn't agree with me, but it's still happening—not only in the Soviet Union but in "Free World" countries like Canada and the United States under the guise of "treatment." Amnesty International naively assumes that there are no political prisoners

and no psychiatric torturers in the "Free World."

We owe it to ourselves and our brother and sister inmates to put an end to psychiatric oppression, to psychiatry itself, to shut down all the psychiatric prisons masquerading as "hospitals," and get on with building and supporting our own humane alternatives, some of which already exist. Then, and only then, we'll be a helluva lot freer, more human and we'll start taking control over our lives. As long as there is one psychiatric inmate, one political prisoner, none of us is free. The struggle to free ourselves from psychiatric tyranny is the moral responsibility of all of us. We can win and must win. *Inmates united will never be defeated!*

Declaration Of Principles

The Tenth Annual International Conference on Human Rights and Psychiatric Oppression, held in Toronto, Canada, on May 14-18, 1982, adopted the following principles.

1. We oppose involuntary psychiatric intervention including civil committal and the administration of psychiatric procedures ("treatments") by force or coercion or without informed consent.
2. We oppose involuntary psychiatric intervention because it is an unethical and unconstitutional denial of freedom, due process and the right to be let alone.
3. We oppose involuntary psychiatric intervention because it is a violation of the individual's right to control his or her own soul, mind and body.
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4. We oppose forced psychiatric procedures such as drugging, electroshock, psychosurgery, restraints, solitary confinement, and "aversive behaviour modification."
5. We oppose forced psychiatric procedures because they humiliate, debilitate, injure, incapacitate and kill people.
6. We oppose forced psychiatric procedures because they are at best quackery and at worst tortures, which can and do cause severe and permanent harm to the total being of people subjected to them.

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7. We oppose the psychiatric system because it is inherently tyrannical.
8. We oppose the psychiatric system because it is an extra-legal parallel police force which suppresses cultural and political dissent.
9. We oppose the psychiatric system because it punishes individuals who have had or claim to have had spiritual experiences and invalidates those experiences by defining them as "symptoms" of "mental illness."
10. We oppose the psychiatric system because it uses the trappings of medicine and science to mask the social-control function it serves.
11. We oppose the psychiatric system because it invalidates the real needs of poor people by offering social welfare under the guise of psychiatric "care and treatment."
12. We oppose the psychiatric system because it feeds on the poor and powerless, the elderly, women, children, sexual minorities, people of colour and immigrants.
13. We oppose the psychiatric system because it creates a stigmatized class of society that is easily oppressed and controlled.
14. We oppose the psychiatric system because its growing influence in education, the prisons, the military, government, industry and medicine threatens to turn society into a psychiatric state made up of two classes: those who impose "treatment" and those who have or are likely to have it imposed on them.
15. We oppose the psychiatric system because it is frighteningly similar to the Inquisition, chattel slavery and the Nazi concentration camps.

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16. We oppose the medical model of "mental illness" because it justifies involuntary psychiatric intervention, including forced drugging.

17. We oppose the medical model of "mental illness" because it dupes the public into seeking or accepting "voluntary" treatment by fostering the notion that fundamental human problems, whether personal or social, can be solved by psychiatric/medical means.

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18. We oppose the use of psychiatric terms because they substitute jargon for plain English and are fundamentally stigmatizing, demeaning, unscientific, mystifying and superstitious. Examples:

English/Jargon

psychiatric inmate/mental patient
psychiatric institution/mental hospital, mental health centre
psychiatric procedure/treatment, therapy
personal or social difficulties/mental illness
socially undesirable characteristic or trait/symptom
drugs/medication
drugging/chemotherapy
electroshock/electroconvulsive therapy
anger/hostility
enthusiasm/mania
joy/euphoria
fear/paranoia
sadness, unhappiness/depression
vision, spiritual experience/hallucination
non-conformity/schizophrenia
unpopular belief/delusion

19. We believe that people should have the right to live in any manner or lifestyle they choose.

20. We believe that suicidal thoughts and/or attempts should not be dealt with as a psychiatric or legal issue.

21. We believe that alleged dangerousness, whether to oneself or others, should not be considered grounds for denying personal liberty, and that only proven criminal acts should be the basis of such denial.

22. We believe that persons charged with crimes should be tried with due process of law, and that psychiatric professionals should not be given expert-witness status in criminal proceedings or courts of law.

23. We believe that there should be no involuntary psychiatric interventions in prisons and that the prison system should be reformed and humanized.

24. We believe that so long as one individual's freedom is unjustly restricted, no one is truly free.

25. We believe that the psychiatric system is, in fact, a pacification program controlled by psychiatrists and supported by other mental health professionals, whose chief function is to persuade, threaten or force people into conforming to established norms or values.

26. We believe that the psychiatric system cannot be reformed, and must be abolished.

27. We believe that voluntary networks of community alternatives to the psychiatric system should be widely encouraged and supported. Alternatives such as self-help or mutual support groups, advocacy/rights groups, co-op houses, crisis centres and drop-ins should be controlled by the users themselves to serve their needs, while ensuring their freedom, dignity and self-respect.

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28. We demand an end to involuntary psychiatric intervention.

29. We demand individual liberty and social justice for everyone.

30. We intend to realize our goals and will not rest until we do.

Bill Of Rights For Psychiatric Inmates In Canada

This Bill of Rights was officially adopted by On Our Own, a self-help group of present and former psychiatric inmates, on October 29, 1982. These rights apply to all people incarcerated in any psychiatric institution, any psychiatric ward or unit in a general hospital or prison in Canada. This is not a legal document—no such bill has been passed anywhere in Canada.

1. The right to remain free of incarceration in any psychiatric facility. Alleged dangerousness or criminal acts should be dealt with in the criminal justice system.

2. The right to due process—the right to a court hearing or trial by jury *before* incarceration or loss of freedom.

3. The right of access to free legal advice, legal counsel or advocacy upon our request.

4. The right to be represented by a lawyer of our choice during any or all steps of the civil commitment or admission process, Review Board or Advisory Review Board hearings.

5. The right to remain silent during civil commitment or admission to any psychiatric facility.

6. The right to be warned that information communicated to psychiatric staff during examination for civil commitment or admission to a psychiatric facility is *not* privileged or confidential.
7. The right to refuse *any* psychiatric treatment, whether as a voluntary or involuntary inmate, without threat of reprisal or coercion of any kind.
8. The right to refuse to be labelled or diagnosed since psychiatric diagnostic terms (e.g. "mentally ill," "psychotic," "schizophrenic," etc.) are unscientific, invalid, mystifying and stigmatizing.
9. The right to informed consent to *any* treatment—to be fully informed by a doctor about: the nature and type of any treatment planned for us, the alleged "benefits" of the treatment, the known side-effects, adverse reactions or risks of the treatment, and the known and safe alternatives to the treatment *before* giving our consent. To be valid, our consent must also be freely given without any external pressure, threat of reprisal or coercion.
10. The right to refuse to participate in any research or teaching program while incarcerated.
11. The right to be fully informed within 24 hours of admission about the institutional rules and regulations and about our legal rights, including the right to a Review Board or court hearing. This information must be in plain language which we can read and understand, or interpreted for us in our native language.
12. The right to wear our own clothes at any time while incarcerated.
13. The right to sanitary and humane living conditions while incarcerated.
14. The right to choose our own doctor or therapist while incarcerated.

15. The right to consult with any doctor, therapist or community health worker not affiliated with the psychiatric institution, unit or ward in which we are incarcerated.
16. The right to immediate and competent medical treatment by a doctor of our own choice at our request.
17. The right to be provided with nutritious food, including a vegetarian or kosher diet at our request.
18. The right to refuse to participate in any activity or program in any psychiatric facility without threat of reprisal or coercion of any kind.
19. The right to complete confidentiality of our medical and psychiatric records.
20. The right of access to our own medical and psychiatric records, including the right to see, copy and/or correct any part of these records.
21. The right to be paid *not less than the minimum wage* for any work we have performed in the institution. Such work shall include any task performed in any so-called "industrial therapy" or "vocational rehabilitation" program or "sheltered workshop."
22. The right to vote in any municipal, provincial and federal election, including the right to be enumerated and fully notified of the date, time and place of voting and assistance in travelling to the polling place at our request.
23. The right to be provided with adequate financial assistance while incarcerated *and* upon leaving any psychiatric facility.
24. The right to manage our own money and retain our personal possessions while incarcerated.
25. The right to be informed of available housing alternatives and to be assisted in finding adequate and

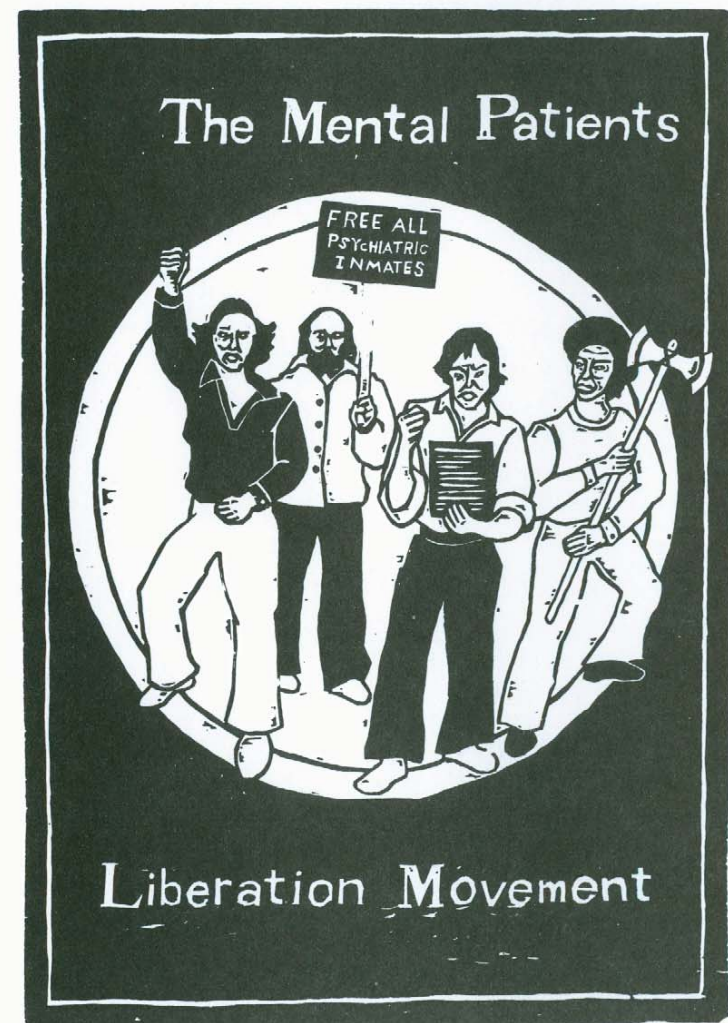
affordable housing in the community *before* our release from any psychiatric facility.

26. The right not to be subjected to any form of cruel and unusual punishment as guaranteed under the *Canadian Charter of Rights and Freedoms* and the *United Nations' Universal Declaration of Human Rights*.

27. The right to sue any psychiatric facility or staff member for any physical abuse, assault, forced treatment or violation of our civil, legal or constitutional rights which we have suffered while incarcerated.

28. The right to be treated with dignity and respect at all times.

29. The right to control our own body, mind and life.





Glossary

These are some of the many key terms frequently used by mental health professionals and the psychiatrized. Many of the terms are quoted from or based upon those listed in The History of Shock Treatment, edited by Leonard Roy Frank (1978). Our sincere thanks to Leonard and Carla McKague for their helpful criticisms and suggestions.

Acting out. Psychiatric symptom: saying and doing what one wants in a manner that others find disagreeable. The term is often associated with *hostility* and *aggressiveness*, and any resistance to psychiatric incarceration, treatment or authority. Synonyms: inappropriate behaviour, disturbed behaviour.

Adverse effect. An undesirable effect produced by a treatment. Synonyms: adverse reaction, side-effect. (See *iatrogenic*.)

Aversion therapy. A behaviour modification method used to punish certain thoughts, feelings, or conduct judged undesirable or socially unacceptable. The treatment, primarily administered by psychologists and psychiatrists, has been frequently used on "mentally retarded" children and adults, prisoners and psychiatric patients. It consists of administering noxious drugs, using physical or mechanical restraints, and denying various "privileges" (human rights). Electric cattle prods have also been used on some institutionalized "retarded" and "autistic" children in Canada and the United States. (See *behaviour modification*.)

Behaviour modification. A type of treatment for "mental illness" and "mental retardation" used primarily by psychologists; a conditioning technique for changing thoughts, feelings and conduct. Synonyms: behaviour therapy, conditioning therapy. (See *aversion therapy*.)

Bipolar affective disorder/manic-depressive psychosis. A type of "mental illness" characterized by cyclical or frequent mood swings of depression and mania. People with this psychiatric diagnosis may or may not be "psychotic." The treatments include antidepressant drugs, lithium (a "mood stabilizing" drug which is very toxic) and/or electroshock. (See **mania** and **depression**.)

Brainwashing. The psychological process by which captors break the spirits of political and military prisoners, forcing them to give up old beliefs, attitudes, and patterns of conduct (deprogramming), and to adopt new ones (reprogramming). The technique involves five stages: isolation (solitary confinement); humiliation (browbeating); debilitation (food, sensory, and sleep deprivation, and physical discomfort); conversion (admission that one's previously held beliefs were incorrect and promise of future co-operation with the authorities); and, re-indoctrination (retraining). This formulation may be paralleled in psychiatry along the following lines: *commitment* (separation from the community); *diagnosis* (stigmatization); *somatic treatment* (de-energizing drugs, amnesiac treatment); *cure* (acceptance of psychiatrically correct attitudes); and *rehabilitation* (resocialization).

Canadian Charter of Rights and Freedoms. Part of Canada's Constitution. Many Canadian laws, including sections of most provincial mental health acts, still violate key sections of the *Charter* and are regularly challenged in the courts.

Certificate of involuntary admission/commitment. A legal government document authorizing the involuntary commitment or detention of a person to a psychiatric institution or ward for two weeks or longer. For example, under Ontario's *Mental Health Act*, a person is "certified" after an initial three-day "assessment." The legal grounds for certifying a person in Ontario are that he or she: 1) has a "mental disorder," 2) is dangerous to him/herself and/or others, or is unable to care for him/herself, and 3) is unsuitable to be a voluntary patient. Two doctors must sign each commitment certificate. Different grounds exist in other Canadian provinces and most states in the United States. Many Canadian provinces have much broader criteria than Ontario, allowing commitment for the "welfare" of the patient and not requiring demonstration of serious risk.

Certificate of renewal. A legal provincial government document. Like the certificate of commitment, it authorizes the continued incarceration of a person in a psychiatric facility. This certificate is used when the original certificate expires and it orders progressively longer periods of incarceration. Since an unlimited number of certificates can be issued, the person may be incarcerated or locked up indefinitely. The person can challenge his/her involuntary commitment with a Review Board each time a certificate is issued.

Chemotherapy. A medical term referring to a regime of prescribed drug treatment. Synonym: medication. (See **drug treatment**.)

Civil commitment. Involuntary detention or incarceration of a person in a psychiatric facility, usually without a public hearing or trial. It is legal in Canada and some states in the United States.

Competency/competent. A legal term. A person is competent to make a particular decision if he/she understands the nature and consequences of the decision. In mental health law, "competency" can refer to any one of these conditions: 1) the ability to make decisions about treatment; 2) the ability to manage one's own money or property (financial competence); and 3) the ability to instruct a lawyer.

Dangerousness. A common criterion or legal ground used to justify the incarceration or involuntary committal of a person labelled "mentally ill." Terms such as "dangerous," "danger to oneself and/or others," and "imminent danger" of doing "bodily harm to oneself and/or others" are frequently used in mental health legislation in Canada and the United States. Attempting suicide, threatening suicide or voicing suicidal ideas is sufficient justification for involuntary committal. However, psychiatrists are generally unable to predict dangerous or violent behaviour, and together with the media and other mental health professionals, promote the myth of the "dangerous mental patient."

Delusion. Psychiatric symptom. A firmly held false belief, which an individual will not abandon despite logical argument or even proof contradicting it. Psychiatrist Thomas S. Szasz defines delusion as a "belief said to be false by someone who does not share it."

Depatterning/depatterning treatment. A form of intensive electroconvulsive treatment. It involves the administration of shock treatments—60 or more within a two- or three-month period. This drastic treatment is usually given to “schizophrenic” patients. It invariably reduces them to an infantile state in which they are incontinent, deeply confused, amnesiac (suffering massive memory loss), lethargic and totally dependent upon others. The late psychiatrist Dr Ewen Cameron used depatterning in his brainwashing experiments on many Canadian patients during the 1950s and early 1960s in Montreal’s Allan Memorial Institute. It is rarely, if ever, given today. (See **brainwashing**, **electroconvulsive therapy**.)

Depression/depressive episode. A type of “mental illness” characterized by periods of depressed moods, irritability, feelings of hopelessness or worthlessness, intense guilt, and sometimes losses in weight and appetite. Synonyms: melancholy, sadness, grief. (See **manic-depressive** or **bipolar disorder**.)

Diagnosis. The identification given to a disease that a person has or is believed to have. Szasz writes: “The problem with psychiatric diagnoses is not that they are meaningless, but that they may be, and often are, swung as a semantic blackjack: cracking the subject’s dignity and respectability destroys him just as effectively as cracking his skull. The difference is that the man who wields a blackjack is recognized as a thug, but the one who wields a psychiatric diagnosis is not.” (TS Szasz, *The Second Sin*, 1973).

Drug treatment. In psychiatry, the most widely used somatic treatment. Psychiatric drugs are routinely prescribed and administered to millions of people, both inside and outside institutions, on a daily basis. In some cases, with the antipsychotic major tranquilizer Maudecate (Prolixin in the USA), it can be injected in a special oil-based solution that slowly releases the drug into the bloodstream and therefore is administered just once every three or four weeks. Major psychiatric drug classifications include: antipsychotic or neuroleptic drugs (neuroleptic literally means “nerve-seizing”) such as Thorazine, Stelazine, Mellaril and Haldol; minor tranquilizers or anti-anxiety drugs such as Valium and Librium; antidepressant drugs such as Elavil, Norpramin, Tofranil and Nardil; amphetamines (“uppers” or stimulants) such as Benzedrine and Dexidrine; anti-manic drugs (“downers”) such as lithium; and

anti-parkinsonian drugs (drugs that suppress tremors, rigidity and other adverse muscular effects of the neuroleptics) such as Artane, Cogentin and Kemadrin. All these drugs, particularly the antipsychotics and antidepressants, cause serious side-effects. There have been cases of sudden death owing to heart failure and asphyxiation following the use of one or more psychiatric drugs. Synonyms: medication, chemotherapy, drugging. (Also see **polypharmacy**.)

Electroconvulsive therapy/ECT/electroshock. A somatic treatment in psychiatry introduced by psychiatrists Ugo Cerletti and Lucino Bini at the University of Rome in Italy in 1938. ECT still remains widely used. Today, an estimated 3000 to 4000 psychiatrists administer ECT to more than 250,000 people a year in the United States. In Canada, an estimated 8000 to 10,000 people undergo ECT yearly, 2500 of those in Ontario alone. Modified ECT is the procedure most in use today. The subject is not allowed to eat or drink for four to six hours before ECT. During this period, tranquilizers or sedatives may be used to reduce the subject’s fear of and resistance to treatment. Thirty minutes before the convulsion, Atropine, a conventional pre-anaesthetic drug, is administered to maintain heart activity and to dry secretions in the mouth and air passages, thus reducing the risks of suffocation and other complications that could develop from swallowing one’s own saliva. Bladder and bowels are usually emptied. The subject is then put on a bed, a thickly padded table or a gurney in the “treatment room.” Electrolyte jelly is applied to the temporal areas of the skull where the electrodes are to be placed (with the bilateral method) to increase conductivity and prevent burns. A short-acting barbiturate anaesthetic, intravenously injected, then renders the subject unconscious. At this point, succinylcholine (Anectine), a muscle relaxant, is administered to reduce the risk of bone dislocations and fractures. This drug causes almost complete paralysis, including respiratory paralysis, so the subject’s breathing is maintained artificially; typically, oxygen is supplied by a respirator before, during, and after the convulsion until normal breathing is resumed. A rubber gag is inserted into the subject’s mouth and the electrodes are positioned on one or both of the temples. The psychiatrist then administers the shock. An electric current of 130 to 175 volts penetrates the subject’s skull and passes through the brain for a period of one-tenth to one-and-a-half seconds. Almost immediately, there is a grand mal or epileptic-like convulsion. In the modified procedure, with muscle

relaxants, the convulsion is largely hidden, and it may be difficult to notice any body movement during the clonic or active phase except for the toes, which tend to twitch.

The convulsion frequently results in complications, such as apnea (stoppage of breathing), cardiac arrest, and cyanosis (turning blue due to lack of oxygen). It is always followed by a period of coma, usually lasting a few minutes, after which the subject sleeps for one-half hour to two hours. Upon awakening, the subject may experience amnesia, breathing irregularities, confusion, combativeness, delirium, disorientation, dizziness, headache, heart irregularities, muscle ache, physical weakness, terror, vomiting, and wild excitement (requiring mechanical restraints or additional chemical ones). Within a few hours after the ECT, these immediate adverse effects generally subside. However, some degree of amnesia, confusion and weakness may continue throughout the day or longer.

Virtually all participants in the ECT controversy agree that there is severe, permanent amnesia for the period during which an individual shock is administered and for the intervals between shocks in a series. Promoters of ECT claim that memory loss is mild and temporary, lasting from two weeks to two or three months. However, many critics, especially those who have experienced ECT, claim that memory loss is severe and permanent; for an indefinite period of time there may be a diminished capacity to retain new information. Many physicians regard these disabilities as signs of permanent brain damage. There are other long-term effects such as reduced intellectual function, emotional blunting, and loss of creativity, energy and enthusiasm. ECT can also be fatal—more than 400 ECT-related deaths have been reported in the English language medical literature since 1941.

ECT is used most commonly as a treatment for depression, schizophrenia and mania. Among the symptoms psychiatrists may prescribe ECT for are: agitation, anorexia nervosa, apathy, despair, delusions, excitement, hallucinations, hostility, lack of insight, negativism, stupor, and suicidal tendencies or attempts. For depression or mania, six to twelve ECTs make up a typical series; for schizophrenia, an average series ranges from fifteen to 35 ECTs. In Ontario, the cost of one ECT procedure is approximately \$65. In Canada, ECT is covered by government health insurance plans in all provinces and classified as a medical treatment. ECT is still legal in Canada, the United States, England and many other countries.

Hallucination. Psychiatric symptom: something perceived in spite of the absence of external stimuli. There are five types: auditory (hearing, voices) hallucination; gustatory (taste) hallucination; olfactory (smell) hallucination; tactile (touch) hallucination; and visual (sight, vision) hallucination.

Hypoglycemia. Medical symptom: deficiency of sugar (glucose) in the blood, caused by an excess of insulin. If prolonged, hypoglycemia leads to coma, and possibly death. (See **insulin coma treatment** and **subcoma insulin treatment**.)

Iatrogenic. Term applied to any adverse effect or disorder in a patient occurring as the result of a treatment by a physician or surgeon. (See **side-effect**.)

Informed consent. A legal and ethical requirement for any medical and surgical treatment or procedure. To be valid, consent must meet these basic criteria:

- **Voluntary**—the person must not be subjected to any pressure, coercion or threat before giving or withholding consent.
- **Informed**—the person must be given sufficient information about the proposed treatment or procedure including: the nature of his/her illness including diagnosis; the nature of the treatment; the known or probable effects and risks; and the available alternatives.
- **Competent**—consent or refusal can only be given by a person whose doctor considers him/her competent to understand the illness and/or treatment.
- **Specificity**—what is consented to must be what is actually done.

In psychiatric institutions, informed consent is virtually nonexistent, because the vast majority of psychiatrists fail to inform inmates of treatment risks and alternatives, and because the nature of psychiatric wards is inherently coercive and intimidating. Under common law, treatment without consent is assault.

Insanity defence. A legal defence allowing a person to claim that he/she is not guilty of an offence or criminal act because he/she was legally insane at the time. If this defence succeeds, the person is sentenced to indefinite incarceration in a psychiatric institution or hospital for the criminally insane instead of prison. This controversial defence has been challenged in the United States. (See **Lieutenant Governor's Warrant**.)

Institutional psychiatry. A term coined by Szasz to describe that branch of psychiatry whose members use "force and fraud"

in their relationships with mental patients. The linchpins of Institutional Psychiatry are involuntary psychiatric commitment and forced treatment. "If Institutional Psychiatry is harmful to the so-called mental patient, this is not because it is liable to abuse, but rather because harming persons categorized as insane is its essential function: Institutional Psychiatry is . . . designed to protect and uplift the group (the family, the State), by persecuting and degrading the individual (as insane or ill.)" (TS Szasz, *The Manufacture of Madness*, 1970.)

Insulin coma treatment (ICT). A physical psychiatric treatment developed and introduced by psychiatrist Manfred Sakel between 1927 and 1933 in Berlin and Vienna. Shortly thereafter, ICT became the treatment of choice for schizophrenia throughout the world. Beginning in the late 1930s, ICT was often administered in combination with Metrazol and later with ECT. Since the late 1960s, ICT has been rarely, if ever, used.

The procedure is started in early morning, five or six times a week over two to three months. Following a period of fasting and the administration of premedications, the subject is injected with insulin. Because of possible serious adverse insulin reactions, the beginning dose of insulin is small (fifteen to 25 units); it is increased by ten to fifteen units daily until the desired depth of coma is produced. Comas are obtained when the dosage range goes from 80 to 275 units within seven to fifteen days. An average series of ICT consists of roughly 50 individual treatments.

During the procedure, the subject goes through various phases of hypoglycemia, including coma. The large amount of insulin reduces the sugar content of the blood, which causes a physiological crisis and is manifested in the subject by blood pressure, breathing, pulse and body temperature irregularities; a convulsion (usually); flushing; moans and screams (euphemistically called "noisy excitement"); shaking and spasms. The crisis intensifies as the subject, after about three hours, goes into a coma. Brain cell destruction occurs when the blood can no longer provide the sugar essential to the brain's survival. This destruction increases as the period of coma is extended. Comas in ICT usually last about an hour. The administration of carbohydrates (glucose or sugar) by mouth, injection, or lavage (stomach tube through the nose) ends the coma.

The adverse effects of ICT are similar to those of ECT, but more severe. Amnesia, in particular, may be far more extensive. The most serious, and sometimes fatal, complication of ICT is

prolonged coma, which occurs when the administration of carbohydrates fails to revive the subject. The risk of death from ICT is also higher than from ECT. Synonym: hypoglycemic treatment, insulin shock, insulin shock treatment, insulin treatment.

Lack of insight. Psychiatric symptom: unwillingness to admit that one is "mentally ill." The term is often associated with **negativism**. Synonym: delusions of mental soundness. Szasz writes,

In vain does the alleged madman insist that he is not sick; his inability to "recognize" that he is, is regarded as a hallmark of his illness. In vain does he reject treatment and hospitalization as forms of torture and imprisonment; his refusal to submit to psychiatric authority is regarded as a further sign of his illness. In the medical rejection of the Other as a madman, we recognize, in up-to-date semantic and technical garb, but underneath it remarkably unchanged, his former religious rejection as a heretic. (TS Szasz, *The Manufacture of Madness*, 1970)

Lieutenant Governor's Warrant (LGW). A legal warrant authorizing the indefinite incarceration of a person judged "not guilty by reason of insanity" or "unfit to stand trial." The warrant exists in all provinces and territories of Canada. Under the warrant, the person is usually incarcerated in a maximum-security psychiatric institution or hospital for the criminally insane and cannot be given treatment without consent. The warrant may soon be challenged as unconstitutional under the *Canadian Charter*. (See **insanity defence**.)

Mania/manic state. A type of "mental illness" or mood disturbance characterized by periods of excitement, rapid talking, rapid flow of ideas, intense pleasure-seeking activity and, sometimes, insomnia. "Manic" or "hyper" is often applied to people who appear "high" or outgoing. Synonyms: elation, euphoria, joy. (See **bipolar disorder**.)

Medical model. The theory that all physical and mental problems are caused by a disturbance or disease in the body; that medical or surgical treatment is necessary to cure or control it; and that the disease has a definite course and predictable outcome. In psychiatry, this theory has been applied to non-medical or social problems, non-conformist behaviour, and a wide range of personally disagreeable and/or socially un-

acceptable thoughts and feelings. People exhibiting such characteristics are labelled "mentally ill," "psychotic" or "schizophrenic" and treated with various psychiatric procedures—usually physical or somatic in nature—such as drugs, electroshock and psychosurgery. Biological psychiatrists promote the medical model and claim that all forms of "mental illness" are rooted in a malfunction in the body or brain and are caused by a "biochemical imbalance" or "genetic predisposition," and that physical treatments are the only effective methods of cure and control. The scientific evidence supporting the use of the medical model in psychiatry is minimal and speculative.

Mental illness/mental disorder. A psychiatric term applied to behaviour or conduct judged as weird, strange, dissident or violent. Other common diagnostic terms include "psychosis," "schizophrenia" and "manic-depressive psychosis." All medical and psychiatric associations, mental health organizations, government mental health agencies or departments and the media actively promote these terms as scientifically valid. However, critics of psychiatry, including many former psychiatric inmates, claim that "mental illness" does not exist—it's an Orwellianism or myth used to disguise human crisis and conflict and to justify the medical suppression of non-conformity and dissent. (See **medical model, institutional psychiatry**.)

Mental patient. A term commonly applied to a person believed to be "mentally ill" and who is incarcerated in a psychiatric facility. Some critics of psychiatry reject this term as pejorative and substitute *psychiatric inmate* for it.

Nervous breakdown. A euphemism for the term mental disorder, generally of an acute or temporary nature and involving institutionalization.

Neurosis. A mild type of "mental illness" characterized by mild depression, anxiety, guilt, fear, ritualistic or "obsessive-compulsive" behaviour, and various bodily aches or pains that are not caused by disease or injury.

Paranoia/paranoid. A psychiatric term applied to persistent delusions or false beliefs which are generally interpreted as symptoms of "mental illness." In paranoia or paranoid disorder, the most common types of delusions are "grandiose" (e.g., believing oneself to be Jesus Christ or the Virgin Mary) and "persecutory" (e.g., believing food is poisoned, that psychiatric

drugs are poisons, that one is being constantly watched or followed by the FBI, CIA or RCMP). Synonyms: fearfulness, suspiciousness. (See **delusion**.)

Personality disorder. A mild type of "mental illness." General refers to a severe weakness or flaw in one's character or conduct. Types include: antisocial personality (synonym: psychopathic personality), explosive personality, hysterical personality, passive-aggressive personality, schizoid personality, and more recently, sadistic personality disorder and self-defeating personality disorder.

Polypharmacy/psychopharmacy. The administration of two or more psychiatric drugs to a patient. This is common medical practice in psychiatric facilities including mental health clinics. Polypharmacy is dangerous because of unpredictable and severe, sometimes life-threatening, reactions caused by drug interactions, and because psychiatric inmates are generally not informed about such risks. Synonym: overdosing. (See **drug treatment and informed consent**.)

Psychiatric inmate. A person labelled "mentally ill" and incarcerated in a psychiatric institution or ward where he/she is often treated against his/her informed consent and denied many civil and human rights. Synonym: mental patient.

Psychiatry. A branch of medicine concerned with the diagnosis and treatment of "mental illness" and "mental retardation." All psychiatrists are physicians. There are currently over 35,000 psychiatrists in the United States, and approximately 2500 psychiatrists in Canada.

Psychosurgery. A somatic treatment in psychiatry introduced by neurosurgeon Egaz Moniz in Lisbon, Portugal in 1935. The operation involves the destruction of healthy brain tissue for the purpose of changing the thoughts, feelings and conduct of individuals considered mentally ill. The first type of psychosurgical operation was called leucotomy (lobotomy or prefrontal lobotomy in the United States). From the middle 1930s through the early 1960s, an estimated 50,000 Americans were lobotomized. Since then, lobotomy has been mostly abandoned in the United States. In its place have come a variety of psychosurgical procedures involving different target areas in the brain (e.g., amygdalotomy, cingulotomy, thalamotomy) and different methods of tissue destruction (e.g., electrode implantation, prefrontal sonic treatment, irradiation, stereotactic

surgery). The adverse effects of psychosurgery are usually more severe than those that result from either shock or drug treatment; the death rate from psychosurgery has been reported to be as high as six percent.

In recent years, some psychosurgeons and psychiatrists have proposed that murderers, urban ghetto rioters, and assaultive mental patients and prisoners be operated on to reduce violent tendencies. Current estimates of psychosurgical operations performed annually in the United States range from 300 to 1000. Psychosurgery is still legal and performed in the United States, Canada, England and other countries. Under Ontario's *Mental Health Act*, psychosurgery is outlawed for involuntary or incompetent patients. The extent of psychosurgical operations performed in Canada is unknown, partly because many are not reported separately in "mental health" statistics compiled by provincial health departments. Critics of psychiatry, including virtually all psychiatric inmates and former inmates, have demanded its abolition.

Psychotherapy. A major form of treatment in psychiatry and other mental health or "helping" professions. It is widely practiced by psychiatrists as well as psychologists, social workers, nurses and the clergy. Types of psychotherapy include family therapy, Gestalt therapy, group therapy, hypnosis or hypnotherapy, psychoanalysis, psychodrama, and individual therapy. Basically, psychotherapy is any kind of counselling involving two or more people for the purpose of helping one or more of those individuals solve their personal problems. In Canada, psychotherapy is classified as a medical treatment which is covered by all government health insurance plans. Psychotherapy performed by non-medical professionals is *not* covered by this insurance.

Psychotic. A psychiatric label applied to a person whose behaviour appears weird, strange, or "out of touch with reality." Synonyms: mentally ill, crazy, mad.

Restraints. Physical, mechanical, or chemical methods used to restrict or control a person's activities or movements. Types of restraint that have been used on psychiatric inmates include: chains, crib-beds, face masks, four-point restraints ("spreadeagling"), leather handcuffs and legcuffs, mittens, restraining sheets, cold wet packs or "sheeting" (wrapping a person up mummy-like in bed sheets soaked in cold water), straitjacket (camisole), "tranquilizer" chair, waist restraints,

straps or belts, solitary confinement ("seclusion"), and drugs (usually heavy doses of neuroleptics or antipsychotic drugs). In most provinces, no consent is required. [However, recent amendments to Ontario's *Mental Health Act* now require the physician to justify and carefully monitor the use of any restraint.] Inmates considered "out of control," "unmanageable," or "violent" are frequently restrained.

Sanism/Mentalism. "A prejudiced attitude characterized by beliefs in the stereotypes that people who are psychiatrically labelled are somehow inferior, unpredictable, commonly emotionally irrational, irrationally violent, and generally incapable of making prudent, reasonable decisions for themselves. The word mentalism was coined by the mental patients' movement." (from Sally Zinman *et al.*, eds. *Reaching Across: Mental Health Clients Helping Each Other*, 1987.)

Schizophrenia. A type of "psychosis" or "mental illness." The term literally means "split mind," not "split personality." The term was coined by Swiss psychiatrist Eugen Bleuler in the early 1900s; he thought it was a division between thought and feeling. Although Bleuler admitted he was baffled by the concept and doubted it was a real disease ("the real disease process is unknown to us . . .") and admitted that the symptoms are "distortions and exaggerations of normal processes," he classified schizophrenia as if it were a disease. Hallucinations, delusions, and "flat or grossly inappropriate affect" are thought to be some of its major symptoms. After more than 80 years of psychiatric research into schizophrenia, its cause and cure are still unknown.

Several critics have challenged the concept. Szasz writes: "'Schizophrenia' has never been, is not now, and probably never will be a bone fide medical diagnostic term . . . Psychiatrists don't know what 'schizophrenia' is, and don't know how to diagnose it. . . . 'Schizophrenia' has more to do with freedom and slavery than with health and disease . . ." (TS Szasz, *Schizophrenia: the sacred symbol of psychiatry*, 1976.) Also, Frank writes: "Perhaps the most significant differential characteristic of schizophrenics is their steadfast opposition to all that they perceive as unjust and unwarranted social/psychiatric restrictions on their freedom." (LR Frank, ed. *The History of Shock Treatment*, 1978.)

Seclusion. A euphemism for solitary confinement, often involving physical and/or chemical restraints. On psychiatric

wards, inmates considered to be very disturbed, disruptive, violent, suicidal or disobedient are punished by being locked up alone in a special room. The room is usually bare, except for a naked mattress or bed; there is no toilet or sink. While in seclusion, the inmate may be further restrained by leather cuffs on the ankles or wrists and/or immobilizing drugs. Seclusion usually lasts a few hours, sometimes several days. Synonyms: segregation, isolation.

Side-effect. Refers to any unintended effect, disturbance or disorder resulting from medical or surgical treatment. In psychiatry, the term is commonly applied to any unpleasant reaction caused by psychiatric drugs or electroshock. Critics of psychiatry claim that many of these reactions are serious and direct effects of treatment, and that the term is misleading. Synonym: adverse effect. (See **iatrogenic**.)

Subcoma insulin treatment. A somatic treatment in psychiatry introduced in the 1930s. A small dose of insulin, typically ten to 40 units, is injected into the subject to induce hypoglycemic reactions. These reactions, which are allowed to continue two to three hours, are similar to, but usually less severe than, those occurring during insulin coma treatment. With the administration of carbohydrates (usually fruit juice saturated with glucose or sugar), the period of hypoglycemia is terminated before the subject goes into coma. Ten to twenty individual treatments usually constitute a full course. The procedure has been used for anorexia nervosa, mania, neurosis and schizophrenia. A more intense form of subcoma insulin treatment was developed in the 1940s. Subjects were administered subcoma doses of insulin once daily, six times a week, for a course of 100 treatments. Success was claimed in treating severe anxiety, anorexia nervosa and schizophrenia. Like insulin coma treatment, the subcoma type has been largely abandoned (but not officially banned) since the late 1960s, mainly because of its serious risks and the quicker "improvement" obtained with electroshock. Synonyms: ambulatory insulin treatment, modified insulin treatment.

Tardive dyskinesia. A neurological disorder, indicating brain damage, caused by the use of neuroleptic or antipsychotic drugs such as Thorazine, Stelazine, Haldol, Modecate or Moditen (Prolixin in the USA). The disorder is usually permanent and consists of various uncontrollable and grotesque movements of the body, primarily the face, mouth and tongue. The condition

frequently first develops after one or two years of regular drug use, but it can start as early as two or three months after drug treatment begins. The symptoms usually appear only during or after withdrawal from the drug(s), because the drugs mask or suppress the very symptoms they cause. There is no cure. Roughly 25% to 50% of people taking these drugs have developed tardive dyskinesia. Critics charge that there is now a world-wide epidemic and that at least 25 million people now suffer from the disorder. Psychiatric inmates and former inmates are generally not informed about this serious risk, which both the psychiatric profession and the multinational drug companies covered up for many years. See **drug treatment**, **iatrogenic**, and **informed consent**.

Voluntary admission. Entering a hospital or institution of one's own free will. As a voluntary patient in a psychiatric facility, a person is legally free to leave at any time. However, it is common knowledge that many people are pressured or coerced into "going voluntarily." When a voluntary patient tries to leave an institution or gives notice to psychiatric staff of his/her intention to leave, the doctor or psychiatrist frequently certifies him/her as an involuntary patient—sometimes within minutes. Under these circumstances, the term "voluntary" is misleading and inaccurate.

Psychiatric Inmates' Liberation Directory

Reprinted with changes and thanks from Madness Network News (Spring 1986, vol. 8 no. 2) and Phoenix Rising (October 1986, vol. 6 no. 2), and the book Reaching Across: Mental Health Clients Helping Each Other, edited by Sally Zinman et al, (1987). All these groups are opposed to psychiatric abuses; most are ex-inmate controlled.

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(607) 257-6291

The Sayville Project Club

251 South Main Street
Sayville, NY 11782

Alliance for the Liberation of Mental Patients (ALMP)

Box 30228
Philadelphia, PA 19103

National Mental Health Consumers' Association

311 South Juniper Street, Room 902
Philadelphia, PA 19107

On Our Own

213 Munroe Street
Rockville, MD 20850
(301) 251-3734

On Our Own

5422 Belaire Road
Baltimore, MD 21206
(301) 488-4480

Committee for Truth in Psychiatry

c/o Marilyn Rice
2106 S. 5th Street
Arlington, VA 22204
(703) 979-5398

Borderline Project

122½ East Whitaker Mill Road
Taleigh, NC 27608
(916) 821-0128

SUPPORT

c/o flying thunder cloud, rdoc
3245 Lucius Road, No. J-3
Columbia, SC 29201

Human Enclave for Liberation from Psychiatry (HELP)

c/o Danny Mesic
3103 Hartnett Blvd, Suite D
Isle of Palms, SC 29451-2028
(803) 886-6965

Alternatives/Atlanta

A Mental Health Union
Box 56311
Atlanta, GA 30343-0311

Women's Alternative Healing Support Group

c/o Bluebird
154 Locust Street NE
Atlanta, GA 30317

Alternatives to Psychiatry Association (APA)

3300 Springfield Blvd.
Building M-308
Palm Springs, FL 33461

People Against Psychiatric Oppression

Box 19404
Cincinnati, OH 45219

Dawntreader, Inc.

Box 8432
Ann Arbor, MI 48107

Psychiatric Alternatives Alliance Ann Arbor/Ypsilanti Branch/

Project Surfacing (Psychiatric Inmate Research Project)

Box 4433
Ann Arbor, MI 48107

The National Association for Rights Protection and Advocacy (NARPA)

c/o Paul Freddolino
School of Social Work
Michigan State University
254 Baker Hall
East Lansing, MI 48824

Psychiatric Alternatives Alliance

Kalamazoo Branch
615 Hoek Court
Kalamazoo, MI 49001
(303) 663-8447

FOCUS/Voices Heard

600 Cass SE
Grand Rapids, MI 49503
(616) 245-8633

Project Overcome
2735 Blaisdell Avenue South
No. 202
Minneapolis, MN 55408-1535

Client Peer Support Group
c/o Susan Yudelman
Wasie Residence
2745 Chicago Avenue
Minneapolis, MN 55407
(612) 874-5077

Mental Health Advocacy Coalition
Box 618
Sioux Falls, SD 57101
(605) 344-4067

National Alliance of Mental Patients (NAMP)
Box 618
Sioux Falls, SD 57101
(605) 344-4067

Caring and Sharing
3933 Clark Street
Kansas City, MO 64111
(816) 531-3096

Project Acceptance
Box 187
Lawrence, KS 66044
(913) 843-4428

Advocates for Freedom in Mental Health
c/o Sharon Jacobs
1026 S. 56th Terrace
Kansas City, KS 66106
(913) 287-6498/842-4088

Reclamation, Inc.
2502 Waterford Street
San Antonio, TX 78217
(512) 824-8618

Channel One
Box 3635
Santa Fe, NM 87501-0635
(505) 455-2743

**Network Against Psychiatric Assault —
Los Angeles**
Box 5728
Santa Monica, CA 90405

Teenagers Against Psychiatric Assault (TAPA)
c/o Jeff Bart
16321 Haas Avenue
Torrance, CA 90504
(please be discreet on envelope)

California Network of Mental Health Clients
7111 Magnolia Avenue, Suite A
Riverside, CA 92504
(714) 684-6159

**Spiritmenders/
San Francisco Network of Mental Health Clients**
2141 Mission Street, Suite 203
San Francisco, CA 94110
(415) 522-4910

**Mental Health Consumers Concerns (MHCC)/
TALLAY — Take A Loving Look At Yourself**
2500 Alhambra Avenue
Martinez, CA 94553
(415) 372-4220

Alameda County Network of Mental Health Clients
PO Box 70010
641 - 16th Street
Oakland, CA 94612-0010
(415) 465-2904

Coalition to Stop Electroshock
Box 3301
Berkeley, CA 94703

Coalition for Alternatives in Mental Health

1720 Oregon, Room 12
Berkeley, CA 94703
(415) 848-0345

Mental Disabilities Independent Living Project (MDILP)

2539 Telegraph Avenue
Berkeley, CA 94704
(415) 841-4776, ext. 47 or 25

Network Against Psychiatric Assault (NAPA)

2054 University Avenue, Room 405
Berkeley, CA 94704
(415) 548-2980

Psychiatric Inmates' Rights Collective (PIRC)

Box 299
Santa Cruz, CA 95061
(408) 475-7904

**Citizens Against Psychiatric Abuse and Bureaucratic
and Legal Entanglements (CAPABLE)**

PO Box 373
Talmadge, CA 95481
(707) 462-9059

Institute Against Tardive Dyskinesia

801 East Harrison Street, Suite 706
Seattle, WA 98102
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Anti-Psychiatry Association (APA)

Box 85004
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Clapton Common
London E5 9HX

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Box 48
136 Kingsland High Street
London E8

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19 Merley Ways
Wimborne Minster, Dorset BH21 1QN

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31018 Toulouse Cedex

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5000 Köln 30
(0221) 556 189

Patientenfront
c/o G. Schuck
Postfach 211 227
6700 Ludwigshafen

Irren-Offensive
Pallasstrasse 12
1000 West Berlin 30
(030) 2151638

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Patienten Basel
Postfach 3839
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Assoc. des Usagers de la Psychiatrie (ADUPSY)
22 rue Neuve du Molard
Geneva
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Interessen Gemeinschaft Psychiatrie
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Greece

Movement for the Rights of Mental Patients

16A, S. Charalambi Street
Athens 708

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Campaign Against Psychiatric Injustice and Coercion (CAPIC)

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Collingwood 3066
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419-0926

Pala Society

Box 153
Waverley 2024
New South Wales (Sydney)

Committee on Mental Health Advocacy (COMHA)

Box A625
South Sydney 2000
New South Wales

Grow

209A Edgeware Road
Marickville NSW 2204

New Zealand

Wellington Patients' Organization

Box 10180
Wellington

Iceland

Gedhjalp

Veltusundi 3 B
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Antipsychiatry Bibliography

Selected Annotated References

A: Autobiographical

Andre, Linda. "Postscript," *Afterimage*, October 1985. The sensitive account of how electroshock seriously damaged the writer as a woman. Also attacks "treatment" as sexist.

Anonymous. "Diary of a Mental Patient—Street People," *Phoenix Rising*, 4:1 1983, pp. 19-20.

Anonymous, in S. Hirsch *et al*, eds. *Madness Network News Reader* (see section D), pp. 32-34. A personal account by an ex-inmate of her incarceration and forced treatment in some California psychiatric institutions.

Barnes, Mary and Joseph Berke. *Two Accounts of a Journey Through Madness*. New York: Ballantine Books, 1973. Artist Barnes describes her descent into madness and breakthrough in Kingsley Hall, a community house set up by psychiatrist RD Laing in England. Unfortunately, the story also has sexist and mentalist overtones.

Blackbridge, Persimmon and Sheila Gilhooly. *Still Sane*. Vancouver: Press Gang Publishers, 1985. A riveting account of a lesbian's (Sheila's) incarceration, treatment and resistance in three psychiatric institutions in British Columbia in the late 1970s. The photographs of Persimmon's body sculptures are outstanding and tell their own story.

Cameron, Doug. *How To Survive Being Committed To A Mental Hospital*. New York: Vintage Press, 1979. An ex-inmate activist angrily describes some of his experiences in three Texas psychiatric institutions.

- Chabasinski, Ted. "The Other Half," in Leonard Roy Frank, ed., *The History of Shock Treatment* (see section D), pp. 26-27; reprinted in *Phoenix Rising*, 2:2 1981, pp. 16A-18A. A gripping account by a shock survivor of some of his childhood experiences in New York's Bellevue Hospital. He was only six years old when subjected to electroshock—a horror story.
- Chamberlin, Judi. "The Making—and Unmaking—of a Mental Patient," in Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System* (see section D), pp. 22-62 in McGraw-Hill edition. A moving account of the writer's incarceration in five New York institutions and her struggle for freedom from psychiatry.
- . "Struggling to be born," in Dorothy E. Smith and Sara J. David, eds., *Women Look at Psychiatry* (see section D). Another personal account of Judi's experiences in Rockland State Hospital in New York and her victory over psychiatry.
- "Chemical Warfare: San Francisco Hearings on Psychiatric Drugs," *Madness Network News*, Winter 1981-82, pp. 1-5, 27-31. Some very strong personal testimony by ex-inmates about their drug experiences in California.
- Donaldson, Kenneth. *Insanity Inside Out*. New York: Crown Publishers, 1976. An account of one man's courageous fight for freedom from a Florida state mental hospital where he was locked up for fifteen years. Describes his court battles which led to an important US Supreme Court decision restricting involuntary commitment.
- "Electroshock Hearings in Berkeley," *Madness Network News*, Spring 1983, pp. 6-7, 35-42. Outspoken personal testimony by many shock survivors.
- Farmer, Frances. *Will There Really Be A Morning?* New York: Dell, 1972 (paperback). This late Hollywood film star describes many psychiatric horrors she experienced while incarcerated for eight years in a Washington state mental hospital. The film "Frances" was partly based upon this book.
- Field, Ellen. *The White Shirts*. Self-published, 1964. (Available from author at PO Box 4132, Town Center Station, Irvine, CA 92716.) One of the earliest antipsychiatry movement writings by an ex-inmate activist. Includes some personal accounts of her incarceration, powerful poems, essays and biting criticisms of psychiatry and US Congressional hearings on mental health.
- Frame, Janet. *Faces in the Water*. New York: Braziller, 1961 (paperback). A powerful account of the writer's reactions to

psychiatric incarceration and electroshock, and the devastating effects of psychosurgery (lobotomy) on other inmates in New Zealand.

- Frank, Leonard Roy. "The Frank Papers," *Madness Network News*, December 1974, pp. 12-17. Reprinted in John Friedberg, *Shock Treatment Is Not Good For Your Brain*, pp. 62-81 (see section D). An outspoken shock survivor and leading ex-inmate activist exposes psychiatric fraud and force, especially the destructive effects of electroshock on his life in a California psychiatric institution. (See section D for his book *The History of Shock Treatment*.)
- Freeman, Huey. *Judge, Jury, and Executioner*. Urbana, Illinois: Talking Leaves Publishing Co., 1986. An autobiographical novel based upon the writer's incarceration and forced treatment in a psychiatric ward and private institution in Nixon's America during the Viet Nam War. Attacks psychiatry as social control.
- Glenn, Michael, ed. *Voices from the Asylum*. New York: Harper/Colophon, 1974. One of the first antipsychiatry anthologies, featuring fourteen personal accounts by former inmates in the United States of psychiatric abuse and torture. Protest statements by dissident staff add to the book's power.
- Gotkin, Janet. Testimony before a subcommittee (to investigate juvenile delinquency) of the Committee on the Judiciary, US Senate, 94th Congress, July 31 and August 18, 1975, in *Drugs and Institutions*, v. 3. Washington: US Government Printing Office, 1977. Includes Janet's personal experiences with psychiatric drugs.
- and Paul Gotkin. *Too Much Anger, Too Many Tears: A Personal Triumph Over Psychiatry*. New York: Quadrangle/New York Times Book Co., 1975. An angry and moving account of a strong woman's struggles against psychiatric oppression in New York. Also attacks the "mental illness" myth—some valuable support statements from her husband.
- Hudson, Wade. "Strike Another Match," in S. Hirsch et al, eds., *Madness Network News Reader* (see section D), pp. 49-55. A very sensitive and articulate account of the writer's experiences in two psychiatric institutions in California and Texas.
- Kolocotronis, Cyril Athana. "The Truth About Electro-Shock Treatment," in S. Hirsch et al, eds., *Madness Network News Reader* (see section D), p. 87. A scathing attack on this "treatment" by a shock survivor.
- Lapon, Lenny. "How I Became a Mental Patient," in Lapon,

- Mass Murderers in White Coats: Psychiatric Genocide in Nazi Germany and the United States* (see section D), pp. 9-14. A brief account of some of the writer's drug and institutional experiences in Boston in the 1970s.
- Madness Network, WBIA-FM (New York City). Transcript of interview of Linda Andre and John Parkman by Allen Markham, April 4, 1985. (Available from Association for the Preservation of Antipsychiatry Artifacts, Box 9, Bayside, NY 11361.) Reveals how Andre suffered permanent memory and intellectual losses after fifteen shock treatments at the Payne Whitney Clinic in New York in 1984. Also includes Parkman's statements on insulin shock.
- Medvedev, Zhores and Roy Medvedev. *A Question of Madness*. New York: Knopf, 1971; Harmondsworth: Penguin, 1974 (paperback). A chilling account of how a Soviet scientist/dissident gets imprisoned and treated in a psychoprison, courtesy of the KGB.
- Miller, Nadine. "Letter to her psychiatrist," in J. Agel, ed., *The Radical Therapist*. New York: Ballantine, 1971. The writer tells us how and why she decided to change from her oppressive male psychiatrist to the women's movement for real understanding and support.
- Packard, Elizabeth. *Modern Persecution: or Insane Asylums Unveiled*. New York: Arno Press, 1973 (originally published 1873). One of the earliest antipsychiatry tracts by a fiercely independent woman incarcerated and tortured in Illinois in the 19th century. Her husband, a minister, committed her because she defied his religious principles.
- Plath, Sylvia. "Johnny Panic and the Bible of Dreams," in Thomas S. Szasz, ed., *The Age of Madness* (see section D). A thinly-veiled personal account by this feminist poet and writer. Includes some graphic descriptions of her electroshock experiences.
- Rice, Marilyn. "The Rice Papers," *Madness Network News*, April 1975, pp. 4-8; reprinted in Leonard Roy Frank, ed., *The History of Shock Treatment* (see section D), pp. 92-97. A tragic account of a woman's intellectual losses after electroshock, and her losing court battle against her shock doctor in Washington, DC.
- Roy, Ann. "Escape," in S. Hirsch et al, eds. *Madness Network News Reader* (see section D), pp. 18-28. A gripping account of the writer's "voluntary" treatment in a psychiatric institution in Tulsa, Oklahoma.
- Sears, Steven. "Trial by Shock," in Leonard Roy Frank, ed., *The*

History of Shock Treatment (see section D), pp. 131-134. A moving account by a shock survivor of his experiences in an Illinois "sanitarium" in the early 1960s, largely based upon his medical records.

- Steir, Charles, ed. *Blue Jolts: True Stories From the Cuckoo's Nest*. New York: Republic Books, 1978. A powerful collection of personal accounts of involuntary committal, treatment and release by ex-inmates, including the late US Governor Earl Long, writers Seymour Krim and Ernest Hemingway, and Soviet political dissident Leonid Plyusch.
- Tarsis, Valeriy. *Ward 7: An Autobiographical Novel*. London: Collins & Havrill Press, 1965. (Translated by Katya Brown.) A political dissident describes his experience of involuntary committal to a psychiatric institution in Khrushchev's Soviet Union.
- Weitz, Don. "My Insulin Shock Torture," unpublished, 1984. A brief account of the writer's sub-coma insulin shock treatments in McLean Hospital in Boston in the early 1950s. (Available from the author, 100 Bain Avenue, 27 The Maples, Toronto, ON M4K 1E8.)

B: Biographical

- Arnold, William. *Shadowland*. New York: McGraw-Hill, 1978. An excellent account of former actress Frances Farmer and her destruction by psychiatry and Hollywood. Includes descriptions of Farmer's incarceration, her torture by electroshock, insulin shock and probable lobotomy, and her resistance in a Washington state mental hospital.
- Hotchner, AE. *Papa Hemingway: The Ecstasy and The Sorrow*. New York: Quill, 1983. (Originally published by Random House in 1966; also Bantam paperback, 1967.) In this critically acclaimed biography, a close friend sensitively describes Hemingway's anger and bitterness over electroshock and his resulting memory loss. ("It was a brilliant cure but we lost the patient.") After two series of shock treatments in the Mayo Clinic, Hemingway killed himself in 1961. (See pp. 264-304 in Quill edition, pp. 308-334 in Bantam edition.)
- Milford, Nancy. *Zelda*. New York: Harper & Row, 1970; Avon paperback, 1971. A first-rate account of Zelda Fitzgerald, wife of famous writer F. Scott Fitzgerald. Describes her fierce struggle for independence, her writing talent, and her incarceration in a psychiatric institution where she died in a

fire. (For a very brief sketch, see also Chesler, *Women and Madness* [see section D], pp. 7-9.)

C: Fiction/Poetry

- Breggin, Peter R. *The Crazy from the Sane*. New York: Lyle Stuart, 1971. A novel about a young psychiatrist who is corrupted by the institution. Breggin, a dissident psychiatrist, is opposed to forced treatment, psychiatric drugs, electroshock and psychosurgery.
- Burgess, Anthony. *A Clockwork Orange*. New York: Ballantine, 1966. (Originally published 1962.) A dramatic account of how institutional treatment (behaviour modification) dehumanizes a rebellious young man. Later made into a film.
- Chekhov, Anton P. "Ward No. 6," in *Seven Short Novels by Chekhov*. New York: Bantam, 1963 (paperback). A story about a doctor who is labelled insane after befriending a mental patient, and his inability to deal with "normal" society.
- Frank, Leonard Roy. "An End to Silence," *Phoenix Rising*, 6:2, 1986, pp. 13-15. (Originally published in Frank's *The History of Shock Treatment*, 1978; also in *Madness Network News*, Fall 1980, and Lenny Lapon, *Mass Murderers in White Coats: Psychiatric Genocide in Nazi Germany and the United States*, 1986.)
- Gibson, Margaret. *The Butterfly Ward*. Montreal: Oberon Press, 1976. An award-winning book of short stories about madness and psychiatric experiences in Toronto. The story "Ada" was produced by Claude Jutra as a drama on Canadian television (CBC) in 1979. "Making It," another short story, was the basis for the film "Outrageous" with Craig Russell.
- . *Considering Her Condition*. Toronto: Gage Publishing Ltd., 1978 (out of print). Another excellent work of short stories describing scenes of madness and psychiatric oppression disguised as "treatment."
- Kesey, Ken. *One Flew Over The Cuckoo's Nest*. New York: New American Library/Signet, 1973. A colourful novel about life in a psychiatric institution in the USA. "Big Nurse" symbolizes the oppressive institution. The book is marred by some sexist messages and its failure to explore the real causes of psychiatric oppression. Later made into a film.
- Lessing, Doris. *The Four-Gated City*. New York: Bantam, 1976. A visionary novel about the role of "insane" people in the transformation of society.
- Orwell, George. 1984. New York: Signet/New American

Library, 1971. (Originally published 1949.) A prophetic story of mind control with psychiatry as the state's chief mind-control agent.

- Piercy, Marge. *Woman on the Edge of Time*. New York: Fawcett Crest, 1976 (paperback). A feminist science fiction novel about a Chicana inmate who is selected for psychosurgery and fights back against her psychiatric torturers. The "mental illness" myth is not challenged or rejected but psychiatry's sexism and callousness are revealed.
- Pirsig, Robert. *Zen and the Art of Motorcycle Maintenance*. New York: Bantam, 1976 (paperback). A description of experiences before and after electroshock. Condemns psychiatry for segregating and invalidating people with different lifestyles or visions. Doesn't analyze political roots of psychiatric oppression.
- Plath, Sylvia. *The Bell Jar*. New York: Doubleday, 1971; Bantam, 1975 (paperback). An account of a woman's disintegration and incarceration, based on the writer's personal experiences. Describes social pressures on women in the 1950s and includes commentary on electroshock. Plath committed suicide.
- Sexton, Anne. *To Bedlam and Partway Back*. Boston: Houghton-Mifflin, 1960. A poet explores different aspects of her incarceration.
- Ward, Mary Jane. *The Snake Pit*. New York: New Avenue Library, 1973. (Originally published 1946.) A classic account of a woman's experiences in a US state mental hospital. The brutality of electroshock and institutional life are intensified by an ironic detached writing style.

D: General. Anthologies/Critiques/Exposés

- Agel, Jerome, ed. *Rough Times*. New York: Ballantine, 1973 (paperback). A good collection of antipsychiatry writings from back issues of the magazine *Rough Times* (formerly *The Radical Therapist* and currently *Issues in Radical Therapy*). Includes a few personal accounts by ex-psychiatric inmates of psychiatric abuse and incarceration—mostly critiques by radical professionals.
- Beckman, Lanny. "How To Start Or Be The First Kid On Your Ward," In *Head On: A Self-Help Model*. Vancouver: Press Gang Publishers, 1978. (Originally published in *In A Nutshell*, July 1973.) Excellent, down-to-earth piece on organizing inmate/

- ex-inmate groups by the co-founder of the Mental Patients Association in Vancouver, BC.
- Beckman, Lanny and Stan Persky. "On the political and economic implications of Canadian psychiatry." MPA Research Section, January 1974. Approximately \$2 from: Vancouver Mental Patients Association, 1731 West 4th Avenue, Vancouver, BC, V6J 1M2. Critically examines response of Canadian mental health industry to threatened encroachment on its empire by Human Potential Movement. Exposes economic nature of Canadian psychiatry.
- "Being an Inmate" editorial. *Phoenix Rising*, 1:2, 1980, pp. 1-3. Clearly points out similar injustices suffered by psychiatric inmates and prisoners.
- Boldt, Anne and DD Nihera. "The International Mad Movement." *Phoenix Rising*, 5:1, 1985, pp. 48-49. Excellent overview of recent developments in women's anti-psychiatry movement in USA and Europe.
- Braginsky, BM, DD Braginsky and K Ring. *Methods of Madness: The Mental Hospital As A Last Resort*. New York: Holt, Rinehart & Winston, 1969. A powerful critique of mental hospitals based upon social-psychological studies of state mental hospital inmates. Recommends replacing mental hospitals with co-operative retreats.
- Brandt, Anthony. *Reality Police: The Experience of Insanity in America*. New York: William Morrow & Co., 1975. A scathing critique of the "mental health system," particularly "mental hospitals" in the USA. Also includes an account of his voluntary admission to Hudson River State Hospital in New York (see "Inside the Funny Farm," pp. 158-198).
- Breggin, Peter R. *Electroconvulsive Therapy: Its Brain-Disabling Effects*. New York: Springer Publishing Company, 1979. An internationally respected anti-shock psychiatrist thoroughly documents the inherently destructive effects of this "treatment" by marshalling an impressive amount of research and personal accounts by some shock survivors. His thesis: electroshock "works" by causing brain damage.
- , *Psychiatric Drugs: Hazards to the Brain*. New York: Springer Publishing Company, 1983. A powerful and thoroughly researched exposé by an outspoken psychiatrist of the many destructive effects of psychiatric drugs. Shows how neuroleptics ("major tranquilizers") and antidepressants frequently cause brain damage. Demands abolition of drugging and other forced treatments.
- Briggs, David. *Consumer's Guide to Psychiatric Medication*. Pamphlet. Newly revised and expanded, 1978. Approximately \$2.50 (US). Available from: Project Release, Box 396, FDR Station, NY, NY 10022. Produced entirely by ex-psychiatric inmates. Information on types of drugs, dosages and side effects, also physical description of pills. May be out of print.
- Brown, Phil. *Towards a Marxist Psychology*. New York: Harper/Colophon Books, 1974. A good marxist analysis of psychiatric oppression, including the medical model. Sometimes too academic.
- Burstow, Bonnie, "Psychiatry's Assumptions Are Biased and Unscientific," *Phoenix Rising* 3:1, 1982, pp. 35-38. An excellent class analysis of mental health professionals and treatment in two psychiatric institutions in Toronto, Ontario. Clearly shows how type of treatment relates to social class of inmates.
- , "Psychiatry in a 'Friendly' Province." *Phoenix Rising*, 7:2, 1987. A critique of psychiatric care, justice and power in Manitoba.
- , and Don Weitz. "Electroshock: A Cruel and Unusual Punishment," *Phoenix Rising* 4:3-4, April 1984, pp. 10A-12A. A scathing indictment of this "treatment"—originally presented as a brief to the Toronto Board of Health on behalf of the Ontario Coalition to Stop Electroshock.
- Chamberlin, Judi. *On Our Own: Patient-Controlled Alternatives to the Mental Health System*. New York: Hawthorn Books, 1978; McGraw-Hill, 1979 (paperback). A critique by an ex-inmate movement activist of the psychiatric system, including "community mental health." Features a good description of alternatives, especially self-help, user-controlled groups, and the Mental Patients Association in Vancouver, BC. (See chapters titled "Real Alternatives and Fake Alternatives" and "Inside the Mental Patients Association.")
- , "Women's Oppression and Psychiatric Oppression," in Smith and David, eds. *Women Look at Psychiatry* (see below). A good essay attacking psychiatry's sexist stereotypes of women and pointing out the need for inmates and ex-inmates to analyze their oppression.
- Coleman, Lee. *The Reign of Error: Psychiatry, Authority and Law*. Boston: Beacon Press, 1984. A frontal assault on psychiatric power, especially psychiatric testimony in the courts, by a dissident psychiatrist. Demands psychiatrists be stripped of all legal authority. (See also "Interview with Dr Lee Coleman" in *Phoenix Rising* 5:4, 1985, pp. 16-20, 42-48.)

Chesler, Phyllis. *Women and Madness*. New York: Avon, 1973 (paperback). A strong critique of male-dominated psychiatry, including its sexism. Shows how psychiatry invalidates and restricts women's struggles for independence by labelling and treating them as "mentally ill." Weak on alternatives other than feminist therapy.

Ennis, Bruce. *Prisoners of Psychiatry: Mental Patients, Psychiatrists and the Law*. New York: Avon, 1974 (paperback). A leading civil rights lawyer in the USA presents horrifying accounts of legal oppression, especially involuntary committal. Shows what few rights inmates have.

Fine, Paula. "Women and Shock Treatment," *Issues in Radical Therapy* 2:2, 1974, pp. 9-11. (Reprinted in *Phoenix Rising* 5:1, 1985, pp. 54-56.) An excellent critique of how electroshock damages and pacifies women.

Foucault, Michel. *Madness and Civilization*. New York: Random House, 1965. (Originally published in French as *Histoire de la folie* by Librairie Plon, 1961.) Systematically traces the rise of the "mental illness" concept and shows its close relationship to the rise of capitalism. Also shows how "mental patients" replaced lepers as society's scapegoats.

Frank, K Portland, ed. *The Anti-Psychiatry Bibliography and Resource Guide* (2nd edition, revised and expanded). Vancouver: Press Gang Publishers, 1979. Many excellent annotated references on all major aspects of the antipsychiatry movement. Includes 39 references to autobiographical works by ex-inmates, and some outstanding woodcuts by the editor.

Frank, Leonard Roy, ed. *The History of Shock Treatment*. San Francisco: self-published, 1978. (Available from Leonard Roy Frank, 2300 Webster Street, San Francisco, CA 94115.) A brilliant, thoroughly-researched work by a shock survivor on the destructiveness of electroshock. Includes pro-shock and anti-shock statements, personal accounts by shock survivors, and a "Death Chronology" documenting 384 shock-related deaths from 1942 to 1977.

----. "The Policies and Practices of American Psychiatry Are Oppressive," *Hospital and Community Psychiatry* 37:5, May 1986, pp. 497-501. A powerful statement by a leader in the Psychiatric Inmates Liberation Movement, delivered during a debate at the Annual Meeting of the American Psychiatric Association in May 1985 in Dallas, Texas. It concisely exposes the three F's of psychiatry: fear, force and fraud.

Friedberg, John. "Let's Stop Blasting the Brain," *Psychology Today* (August 1975). One of the first professional attacks on electroshock, by an American neurologist.

----. *Shock Treatment Is Not Good For Your Brain*. San Francisco: Glide Publications, 1976 (out of print). An exposé and indictment of electroshock supported by considerable scientific evidence and personal accounts by shock survivors, including Leonard Frank.

Glenn, Michael and Richard Kunes. *Repression or Revolution: Therapy in the United States Today*. New York: Harper/Colophon, 1973. Attacks therapy as social control and shows how it supports the ruling establishment or status quo. Doesn't challenge psychiatry's medical model.

Goffman, Erving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Garden City, NY: Doubleday/Anchor, 1961 (paperback). A classic analysis of the mental hospital as a "total institution" by a humanistic sociologist. Clearly reveals how the inmate is systematically humiliated, dehumanized and stigmatized by institutional psychiatry. One of the first social scientists to call psychiatric patients "inmates."

Hill, David. *The Politics of Schizophrenia: Psychiatric Oppression in the United States*. Lanham, MD: University Press of America, 1983 (paperback). A clinical psychologist systematically exposes "schizophrenia" as a vicious myth and paradigm of social control. The section titled "Psychiatric Violence" criticizes forced treatments, including electroshock and psychosurgery. Bibliography includes over 350 references; also lists psychiatric inmates' liberation/antipsychiatry groups.

Hirsch, S, JK Adams, LR Frank, et al, eds. *Madness Network News Reader*. San Francisco: Glide Publications, 1974. (Currently available from *Madness Network News*, 2054 University Avenue, Room 405, Berkeley, CA 94704.) A brilliant and powerful collection of personal stories, illustrations and poems by ex-inmates, and critiques of psychiatric abuses by some professional critics including Szasz and Breggin. Probably the most outstanding anthology to date. (\$7 per copy, payable to *Madness Network News*.)

Laing, RD. *The Politics of Experience and The Bird of Paradise*. Harmondsworth, Middlesex, England: Penguin, 1967 (paperback). One of the original antipsychiatry leaders demystifies "normality" and "mental illness" including "schizophrenia,"

- as he did in *The Divided Self*. (Laing is not opposed to involuntary committal.)
- Lapon, Lenny. *Mass Murderers in White Coats: Psychiatric Genocide in Nazi Germany and the United States*. Springfield, MA: Psychiatric Genocide Research Institute, 1986. A thoroughly researched and horrifying exposé of how Nazi psychiatrists murdered over 300,000 "mental patients" and "mentally retarded" people under Hitler's "Euthanasia Program." Psychiatric killing centres were a prelude to the concentration camp gas chambers. Describes similar psychiatric torture in the USA. (Available from Psychiatric Genocide Research Institute, PO Box 80071, Springfield, MA 01138-0071.)
- Markham, Allen. "Death by Psychiatry—Part I," *Phoenix Rising*, 3:4, 1983, pp. 5-12; "Death by Psychiatry—Part II," *Phoenix Rising*, 4:1, 1983, pp. 5-13. An alarming exposé of eight inmate deaths in various psychiatric institutions in New York from 1979 to 1982. Clearly shows drugging as a major contributing cause in all deaths—covered up by the hospitals and state.
- Marks, John. *The Search for the "Manchurian Candidate": The CIA and Mind Control*. New York: McGraw-Hill, 1980 (paperback). (Originally published by Times Books, 1979.) Exposes the CIA's brainwashing techniques or "dirty tricks" in the United States, Europe and Canada during the 1950s and 1960s.
- Masson, Jeffery M. *The Assault on Truth: Freud's Suppression of the Seduction Theory*. New York: Farrar, Straus & Giroux, 1984; Penguin, 1985 (paperback). A former psychoanalyst exposes and attacks Freud's unethical refusal to publicly acknowledge the reality of incest and rape reported by his patients. A damning indictment of male-dominated psychoanalysis and psychiatry.
- , *A Dark Science: Women, Sexuality and Psychiatry in the 19th Century*. New York: Collins, 1986. Another attack on psychiatry's traditionally sexist treatment of women and its blame-the-victim syndrome. Includes many horror stories of psychiatric abuse and torture of women in the 1800s.
- McKague, Carla. "Minds Behind Bars," *Phoenix Rising* 1:2, 1980, pp. 11-15. A strong critique by an inmates' rights advocate and lawyer of psychiatric abuse of prisoners (convicted or found "criminally insane") in the USA and Canada.
- , "Shock and the Law," *Phoenix Rising* 5:2-3, 1985, pp. 19A-21A. Clearly documents the appalling lack of legal protections against electroshock in Canada. (Edited version of paper presented to the Health Law Division of the Canadian Bar Association [Ontario] on November 6, 1984, in Toronto.)
- Miller, Jenny. "Psychiatry as a tool of repression," *Science for the People*, March/April 1983, pp. 14-17, 30-34. A powerful critique of the real social control purpose of psychiatry by an ex-inmate activist in the Psychiatric Inmates Liberation Movement.
- Morgan, Robert F, ed. *Electric Shock*. Toronto: IPI Publishing Ltd., 1985. Booklet available from: IPI Publishing Ltd., 44 Charles Street West, Suite 4410, Toronto, Ontario M4Y 1R8; \$5.95. A hardhitting critique of electroshock by health professionals including neurologist John Friedberg and psychiatrist Peter Breggin.
- Ontario Coalition to Stop Electroshock. *Shock Bibliography: Selected Annotated References on Electroshock With Special Emphasis on Brain Damage*. Toronto: unpublished, 1984. (Available from Ontario Coalition to Stop Electroshock, Box 7251, Station A, Toronto, Ontario M5W 1X9.) Lists over 80 references from 1941 to 1983 and includes definitions of key terms.
- Ralph, Diana. *Work and Madness: The Rise of Community Psychiatry*. Montreal: Black Rose Books, 1983. A marxist analysis showing how community psychiatry supports capitalism, and how it arose from industrial psychology. The treatment controls both workers and outpatients. Over-emphasis on American material—very little Canadian.
- Raymond, Virginia et al. "Mental Health and Violence Against Women: a feminist analysis." *Phoenix Rising* 5:1, 1985, pp. 6-9. A powerful position paper attacking sexism and female stereotypes in the psychiatric system, presented at the 10th Annual International Conference on Human Rights and Psychiatric Oppression held in Toronto on May 14-18, 1982.
- Richman, David L et al. *Dr. Caligari's Psychiatric Drugs*. Berkeley, CA: Network Against Psychiatric Assault, 1984. An outstanding, easy-to-read booklet on the many destructive effects of psychiatric drugs, with warnings and an excellent chapter on how to withdraw from drugs. (Available from Network Against Psychiatric Assault, 2054 University Avenue, Room 405, Berkeley, CA 94704. \$6 each including postage, \$4 each for five or more copies.)
- Rorvik, David. "Electroshock: The Horror Continues," *Penthouse*, June 1982. A well-documented attack on shock by a first-class investigative reporter. The cases of Leonard Frank and Jonika Upton are highlighted.

- Rosenhan, Daniel L. "On being sane in insane places," *Science* 179, January 19, 1973, pp. 250-258. A classic field study exposing the unscientific and fraudulent nature of psychiatric diagnosis. Eight "pseudo-patients" got themselves admitted to various psychiatric institutions in the USA; all were diagnosed "schizophrenic." This psychologist concludes: "... we cannot distinguish the sane from the insane in psychiatric hospitals."
- Savage, Harvey and Carla McKague. *Mental Health Law in Canada*. Toronto: Butterworths, 1987. Critical of Canada's mental health laws including forced treatment, Lieutenant Governor's Warrant and judgments of incompetency. Urges radical reform, constitutional challenges in the courts under the *Canadian Charter of Rights and Freedoms*, and supports psychiatric inmates' civil and human rights struggles.
- Schefflin, Alan W and Edward M Opton, Jr. *The Mind Manipulators*. New York: Paddington Press, 1978. A scholarly but readable critique of mind-control technology including psychosurgery, electronic brain stimulation, electroshock, drugging and chemical castration.
- Scull, Andrew T. *Decarceration—Community Treatment and the Deviant: A Radical View*. Englewood Cliffs, New Jersey: Prentice-Hall, 1977. Critical analysis of the politics and economics of "deinstitutionalization" of psychiatric inmates. Discusses community mental health programs as a form of social control.
- Shutts, David. *Lobotomy: Resort to the Knife*. New York: Van Nostrand Reinhold Co., 1982. A critique of this most destructive, brain-damaging procedure pioneered by Portuguese neurologist Egaz Moniz and American neurologist Walter Freeman. Moniz was awarded a Nobel Prize in 1949 for his "discovery" of prefrontal lobotomy.
- Smith, Dorothy E and Sara J David, eds. *Women Look At Psychiatry*. Vancouver: Press Gang Publishers, 1975. A good collection of critiques from a feminist perspective. Only a few personal accounts by ex-inmates such as Judi Chamberlin and Eve-Lynn Rubin. Sometimes too theoretical.
- Statman, Jim. "Community mental health as a pacification program," in *The Radical Therapist*, edited by J Agel. New York: Ballantine, 1971. A brilliant critique exposing the political and social control functions of community mental health programs in urban ghettos.
- Special Shock Issue. In *a Nutshell*: Mental Patients Association Newsletter, February 1976. Includes reports by MPA's Committee to Investigate Shock Treatment, letters from shock victims, BC shock statistics and brief shock bibliography. Copies available from: Vancouver Mental Patients Association, 1731 West 4th Avenue, Vancouver, BC, V6J 1M2.
- Szasz, Thomas S, ed. *The Age of Madness: The History of Involuntary Mental Hospitalization Presented in Selected Texts*. New York: Anchor, 1975 (paperback). A powerful collection of antipsychiatry writings including some personal accounts by former inmates. Clearly reveals the inherent abuse and injustice of involuntary committal and forced treatment.
- *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*. New York: Dell Publishing Co./Delta, 1971. A brilliant analysis of the growth of psychiatric power. Shows that "mental patients" in modern society are prime scapegoats, just as the witches were during the Inquisition.
- *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. 2nd edition. New York: Harper & Row, 1974. (Originally published 1961.) The classic and first assault on psychiatry's medical model by the most prominent dissident psychiatrist. Clearly exposes this popular myth including all psychiatric diagnoses.
- *The Myth of Psychotherapy*. Garden City, NY: Anchor Press/Doubleday, 1978 (paperback). Dissects therapy as rhetoric, not "treatment." Another major assault on the medical model.
- *Schizophrenia: The Sacred Symbol of Psychiatry*. New York: Basic Books, 1976. A sharp critique of this diagnosis, the most damning and invalidating label in psychiatry.
- Vancouver Mental Patients Association. *Head On: A Self Help Model*. Vancouver: Press Gang Publishers, 1978. Produced in the late 1970s by ex-psychiatric inmates, all members of MPA. Features accounts of MPA's early history, democratic structure, personal stories, poetry and graphics. (Write for cost information. Available from: MPA, 1731 West 4th Avenue, Vancouver, BC, V6J 1M2.)
- Weitz, Don. "A Psychiatric Holocaust," *Phoenix Rising* 6:1, 1986, pp. 8-14, 36-39. Documents the unethical brainwashing experiments of late psychiatrist D. Ewen Cameron, funded by the CIA and the Canadian governments, inflicted on many Canadian inmates in Montreal's Allan Memorial Institute in the 1950s and early 1960s.

-----, "How Mental Hospitals Make People Mad: A Memoir of 'Queen Street.'" *Issues in Radical Therapy*, XII:3, 1986, pp. 28-31, 40-43. (Shorter edited version published in *Canadian Dimension*, 22:4, 1988.) A critique of Toronto's Queen Street Mental Health Centre, where the writer once worked as a psychologist.

-----, "Schizophrenia: Exploding the Myth." *Phoenix Rising* 3:3, 1983, pp. 5-12, 42. Another critique of this diagnostic concept showing that it is still speculation, and used to invalidate non-conformist or dissident behaviour.

Wertham, Fredric. *A Sign For Cain: An Exploration of Human Violence*. New York: Macmillan, 1966; Paperback Library, 1969. See chapter titled "The Geranium in the Window: The 'Euthanasia' Murders," pp. 150-186 in Paperback edition. A horrifying account of psychiatry's systematic killing of hundreds of thousands of psychiatric inmates in Nazi Germany. These psychiatrists "were by no means products of Nazism, but were parallel phenomena. Their thinking was similar: the attacking of a social problem by violence." (See also Lapon, *Mass Murderers in White Coats*.)

Zinman, Sally, Howie The Harp and Su Budd, eds. *Reaching Across: Mental Health Clients Helping Each Other*. Produced by The Self-Help Committee of The California Network of Mental Health Clients, 1987. (Available by writing to: California Network of Mental Health Clients, 3773 Tibbetts Street, Riverside, CA 92506. List price \$15.) A good collection of informative and practical writings on self-help groups written by twelve ex-psychiatric inmates in the USA. Covers many key issues including different models, support groups, membership outreach, funding/fundraising, co-optation, conflicts and power. Also lists many self-help groups.

E: Magazines/Newsletters

Acting Out. Mental Patients' Liberation Front, Box 514, Cambridge, MA 02238. Newsletter published several times a year by MPLF members. Write for subscription rates. News on MPLF's activities and movement news.

Constructive Action Newsletter. c/o Shirley Burghard, B-1104 Ross Towers, 710 Lodi Street, Syracuse, NY 13203. Published monthly. Subscription rates: \$10 USA and Canada, \$25 overseas. Edited by a long-time antipsychiatry activist. News,

poetry, practical suggestions, letters and personal stories by inmates and ex-inmates. Consistently emphasizes self-help alternatives to psychiatry. Over twenty years old—the oldest antipsychiatry newsletter.

Dendron Monthly News. Published by Clearinghouse on Human Rights & Psychiatry. CHRP, PO Box 11284, Portland, OR 97440. Monthly newsletter; David Oaks, editor. Issue price \$1. Subscription rates: \$10 for low-income people; \$20 for other individuals; \$40 for agencies, libraries and groups with paid employees. No request denied for lack of money. Newest antipsychiatry newsletter in USA, started publishing January 1988. Includes current movement news, critiques of forced treatment including drugs and electroshock, ex-inmate alternatives, personal testimony, letters, graphics.

In A Nutshell: Mental Patients Association Newsletter. 1731 West 4th Avenue, Vancouver, BC, V6J 1M2. Published by MPA members several times a year. Started 1972-73. Local MPA news, political articles, book reviews, personal stories by members, poetry, graphics and information on inmates' rights. Write for subscription rates.

Issues in Radical Therapy. RR #1, Springfield, IL 62707. Published two to four times a year by editorial collective. Subscription rates in USA: \$9 individuals, \$20 institutions. Single issue \$2.50. Add \$3 for Canada, Mexico and overseas. Back issues: \$2.50-\$3/copy. Political action and theoretical articles from marxist/antipsychiatry perspective, theme issues on art, culture, violence, etc., by radical professionals, community workers and some ex-inmate activists. (Formerly *The Radical Therapist*, *Rough Times* and *State and Mind*.)

Madness Network News. 2054 University Avenue, room 405, Berkeley, CA 94704. Published by ex-inmates, two to three times a year, six times per two years. Subscription rates USA: individual \$14, low-income \$7, current prisoner \$2, current psychiatric inmate free, institutions and libraries \$20. Add \$3 for Canada, \$5 for overseas. Single issue \$2.50. Back issues available for \$1.25. The oldest and most outstanding antipsychiatry magazine in North America. International movement news, critiques and exposés of psychiatric abuses including electroshock, drugging, psychosurgery and behaviour modification, personal stories, poetry, graphics and letters by inmates and ex-inmates, lists of shock doctors and antipsychiatry/inmates liberation groups, and articles on self-help alternatives. (Discontinued publishing in summer

- 1986—write for information.)
- NAPA Newsletter*. Network Against Psychiatric Assault, 2054 University Avenue, room 405, Berkeley, CA 94704. Published bi-monthly by NAPA members. Write for subscription rates. May have stopped publishing in 1986. Local news about demonstrations, public hearings and other special events in California, especially the San Francisco/Bay area. Also lists meetings.
- Peer Advocate*. PO Box 60845, Longmeadow, MA 01116-0845. Newsletter of Psychiatric Survivors of Western Massachusetts. Published monthly; Alice M Earl, editor. Subscription rates: free to current psychiatric inmates. \$8 for working survivors; \$4 for people on SSI/SSDI (unemployment/disability government assistance); \$15 for other individuals; \$20 for libraries, government agencies, organizations and groups. \$2.25 for copy of any back issue. Started publishing in September 1986. Includes articles, critiques, letters and editorials about forced treatment, drugs, electroshock, self-help alternatives and advocacy, other ethical and legal issues.
- Phoenix Rising*. Box 7251, Station A, Toronto, Ontario, M5W 1X9. Published quarterly by editorial collective, members of On Our Own. Single issue \$3. Subscription rates in Canada: individuals \$10, institutions and libraries \$20, On Our Own members \$4, free to psychiatric inmates and prisoners. Add \$3 for overseas. Back issues available at \$2.50-\$3/copy. Only antipsychiatry/ex-inmate-controlled magazine in Canada—began publishing in 1980. Canadian and international news, personal stories, poems, graphics and letters by inmates and ex-inmates, information on inmates' rights, movement news, ex-inmate alternatives, feature articles, exposés on psychiatric abuses (especially electroshock, drugging and deaths), interviews, book reviews, list of shock doctors, and directory of antipsychiatry/inmates liberation groups. Theme issues on electroshock, prisoners, women, children, housing, unemployment, the movement, institutions, etc.

F: Audio-Visual Resources

Association for the Preservation of Anti-Psychiatric Artifacts (APAPA). Box 9, Bayside, NY 11361. Audio cassette tapes and transcripts of live shows broadcast on "Madness Network"

- (WBIA-FM, NY, NY). Critical of the psychiatric system, features personal stories and informed opinion by ex-inmate activists and professional critics. For more information about issues and costs, write to APAPA, attention Allen Markman.
- Audio and video cassette tapes*. Available from *Phoenix Rising*. Box 7251, Station A, Toronto, Ontario, M5W 1X9; phone (416) 699-3194. Tapes on electroshock, involuntary committal, antipsychiatry demonstrations, personal testimony, etc. Write or call for more information.
- Drug ad slides*. Available on two-week loan from: Gretchen Muller, Feminist Studies, Cambridge-Goddard Graduate School, 1878 Massachusetts Avenue, Cambridge, MA 02140. Collection of slides from ads in medical and psychiatric journals. Exposes contradictions between profit and ethics, and sex-role stereotyping of male and female "symptoms" which these drugs allegedly cure. Write for more information.
- Electroshock*. Videotape, 30 minutes, colour (1980s). Produced and distributed by: Mental Patients Alliance/Coalition to Stop Electroshock, Box 875, Ithaca, NY 14850. Exposes some of the real facts and horror of this psychiatric procedure. Features personal testimony by shock survivors and shock advocates. Write for more information.
- Hurry Tomorrow*. Film, 80 minutes, b&w. Produced by Richard Cohen and Howard Rafferty. Available in USA from: Continental Film Center, 333-6th Avenue, NY, NY 10017; in Canada from: DEC films, 229 College Street, Toronto, Ontario, M5T 1R4; in Australia and New Zealand from: Film Institute, PO Box 165, Carlton South, Victoria, Australia 3053; and in Europe from: Contemporary Films Ltd., 55 Greek Street, London, W1V 6DB, England. The most powerful antipsychiatry documentary made to date. Filmed in the 1970s on a locked ward in Norwalk State Hospital in Los Angeles, California. Exposes forced treatment, especially drugging. "The film makes clear that nothing short of radical change can lead to humane and acceptable alternatives to the present 'mental health' system." (from "Review" by Brian McCaffrey, *Madness Network News*, 3:6, 1976.)
- Liz*. Film/videotape, 30 minutes, colour. Produced by TVOntario. First broadcast in 1981. Available from Central Order Desk, TVOntario, 2180 Yonge Street, Toronto, Ontario, M4T 2T1. A moving documentary about On Our Own, a self-help group of ex-psychiatric inmates in Toronto. Features one of its members. Call for rental/retail costs: Canada 416-484-

2610; USA (toll-free) 1-806-331-9566.

Psychiatrie va mourir (Psychiatry is going to die). Videotape, 30 minutes, colour, 3/4". Produced by: Groupe Auto-Psy, 429 St-Jean, No. 1, Quebec City, Quebec, G1R 1P3. Sale price \$80 (US, approximate). In French and English. A brilliant documentary about the 10th Annual Conference on Human Rights and Psychiatric Oppression held in Toronto in May 1982.

The Titicut Follies. Film, 85 minutes, b&w. Produced by Richard Wiseman. Available from: Grove Press Film Division, 196 West Houston Street, NY, NY 10014. Filmed inside Bridgewater State Hospital in Massachusetts in the 1960s. Exposes psychiatric brutality and force. A predecessor of *Hurry Tomorrow*.

Vancouver Mental Patients Association—Homemade Video Package. Colour, 45 minutes. Produced by MPA, 1731 West 4th Avenue, Vancouver, BC, V6J 1M2. A documentary about MPA, the first antipsychiatry, self-help group in Canada. Filmed in 1975, largely by MPA member Dennis Blue. Covers all aspects of MPA's activities, operations and philosophy. Available on loan or for purchase at reproduction cost (approximately \$30-\$40).

Vancouver Mental Patients Association. Film, 30 minutes, colour. Produced by National Film Board. Available from: National Film Board, 1161 West Georgia Street, Vancouver, BC. Many excellent glimpses of MPA's drop-in centre and resident-controlled houses.

Wednesday's Child (also titled *Family Life*). Film, 108 minutes, b&w. Available from: Cinema Five, 595 Madison Avenue, NY, NY 10002. About Kingsley Hall, a community alternative in London, England.

"Schizophrenia" is a strategic label, like "Jew" was in Nazi Germany. If you want to exclude people from the social order, you must justify this to others, but especially to yourself. So you invent a justificatory rhetoric. That's what the really nasty psychiatric words are all about: they are justificatory rhetoric, labelling a package "garbage"; it means "take it away!", get it out of my sight!", etc. That's what the word "Jew" meant in Nazi Germany; it did not mean a person with a certain kind of religious belief. It meant "vermin!", "gas him!" I am afraid that "schizophrenic" and "sociopathic personality" and many other psychiatric diagnostic terms mean exactly the same thing; they mean "human garbage," "take him away!", "get him out of my sight."

— Thomas Szasz, "Interview with Thomas Szasz" in *The New Physician*, 1969.

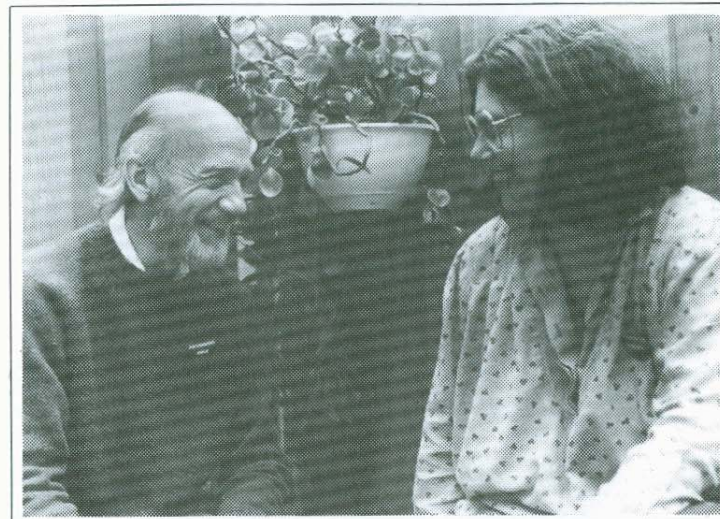


photo: Konnie Reich

Don Weitz is a psychiatric survivor, inmates' rights advocate and freelance writer. He is also co-founder of On Our Own, a self-help group of psychiatric inmates and former inmates in Toronto, its magazine Phoenix Rising, and the Ontario Coalition to Stop Electroshock. For many years, he has been active in the Psychiatric Inmates' Liberation Movements. With Bonnie Burstow, he is currently planning to compile a book on the struggle against electroshock in Canada.

Bonnie Burstow is an antipsychiatry organizer and writer who has been active in the Ontario Coalition to Stop Electroshock, which she co-chaired for many years, and in Phoenix Rising. She is also a radical practitioner committed to those approaches and only those approaches which empower. Dr. Burstow is currently assistant professor of social work in the master of social work program at Carleton University.

SHRINK RESISTANT

In this compelling and powerful collection, current and ex-psychiatric inmates speak out about psychiatric abuse and practice in Canada.

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The editors are active in the Canadian anti-psychiatry movement, and have both been involved with *Phoenix Rising*, the national magazine devoted to psychiatric inmates' issues.

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